Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/16/2019
4. Applicant Identifier:
5a. Federal Entity Identifier: 
5b. Federal Award Identifier: OH0385
   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
a. Legal Name: Alliance for Children & Families
b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1590276

c. Organizational DUNS: 609962550
   PLUS 4 1111

d. Address
   Street 1: 624 Scranton Ave.
   Street 2: 
   City: Alliance
   County: Stark
   State: Ohio
   Country: United States
   Zip / Postal Code: 44601

e. Organizational Unit (optional)
   Department Name: ACF
   Division Name: Housing

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Shirene
   Middle Name: Starn
   Last Name: Tapyrik
   Suffix: 
   Title: CEO/Executive Director

Organizational Affiliation: Alliance for Children & Families
Telephone Number: (330) 821-6332
Extension: 0000
Fax Number: (330) 821-8748
Email: shirene@allianceforchildrenandfamilies.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
   (for multiple selections hold CTRL key)
   Ohio

15. Descriptive Title of Applicant's Project:
   A First

16. Congressional District(s):
   a. Applicant:
      (for multiple selections hold CTRL key)
      OH-013, OH-016, OH-007
   b. Project:
      (for multiple selections hold CTRL key)
      OH-013, OH-016, OH-007

17. Proposed Project
   a. Start Date: 12/01/2020
   b. End Date: 11/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: X

21. Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik
Suffix:
Title: CEO/Executive Director
Telephone Number: (330) 821-6332
(Format: 123-456-7890)
Fax Number: (330) 821-8748
(Format: 123-456-7890)
Email: shirene@allianceforchildrenandfamilies.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/16/2019
1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Alliance for Children & Families  
**Prefix:** Ms.  
**First Name:** Shirene  
**Middle Name:** Starn  
**Last Name:** Tapyrik  
**Suffix:**  
**Title:** CEO/Executive Director  
**Organizational Affiliation:** Alliance for Children & Families  
**Telephone Number:** (330) 821-6332  
**Extension:** 0  
**Email:** shirene@allianceforchildrenandfamilies.org  
**City:** Alliance  
**County:** Stark  
**State:** Ohio  
**Country:** United States  
**Zip/Postal Code:** 44601

2. Employer ID Number (EIN): 34-1590276  
3. HUD Program: Continuum of Care Program  
4. Amount of HUD Assistance Requested/Received: $117,986.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:
A First 624 Scranton Ave. Alliance Ohio

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)? Yes
For further information, see 24 CFR Sec. 4.9.

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

Part III Interested Parties

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>09/17/2019</td>
</tr>
</tbody>
</table>
Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 07/28/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Alliance for Children & Families

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:

<table>
<thead>
<tr>
<th>I certify that the above named Applicant will or will continue to provide a drug-free workplace by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</td>
</tr>
<tr>
<td>b. Establishing an on-going drug-free awareness program to inform employees ---</td>
</tr>
<tr>
<td>(1) The dangers of drug abuse in the workplace</td>
</tr>
<tr>
<td>(2) The Applicant’s policy of maintaining a drug-free workplace;</td>
</tr>
<tr>
<td>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</td>
</tr>
<tr>
<td>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</td>
</tr>
<tr>
<td>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---</td>
</tr>
<tr>
<td>(1) Abide by the terms of the statement; and</td>
</tr>
<tr>
<td>(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;</td>
</tr>
<tr>
<td>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal Agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---</td>
</tr>
<tr>
<td>(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</td>
</tr>
<tr>
<td>(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;</td>
</tr>
<tr>
<td>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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. X

Renewal Project Application FY2019

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09/17/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik
Suffix:
Title: CEO/Executive Director

Telephone Number: (330) 821-6332
(Format: 123-456-7890)
Fax Number: (330) 821-8748
(Format: 123-456-7890)

Email: shirene@allianceforchildrenandfamilies.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/16/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate: X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant’s Organization: Alliance for Children & Families

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 09/16/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

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: Alliance for Children & Families
Street 1: 624 Scranton Ave.
Street 2: 
City: Alliance
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44601

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik
Suffix:
Title: CEO/Executive Director

Telephone Number: (330) 821-6332
(Format: 123-456-7890)

Fax Number: (330) 821-8748
(Format: 123-456-7890)

Email: shirene@allianceforchildrenandfamilies.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 09/16/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.
   Yes

2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application?
   Stand-Alone Renewal Expansion

2a. Input the name and grant number of the combined renewal expansion

Combined Renewal Expansion Project Name: A-FIRST Combined Expanded

combined Renewal Expansion PIN Number: OH0385
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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0385
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: A First

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Does this project include Replacement Reserves? Yes

Your project has a replacement reserve amount in the budget. In order to move to grant agreement, the repayment schedule, the total amount to be placed in reserve over the grant term and the scheduled payment amount, and the system or systems to be replaced and the useful life/lives of the system(s) must be attached in esnaps, and must be approved by HUD.

FAQ: Scheduled payments to a reserve fund for the repair of major building systems are an eligible cost for recipients of transitional or permanent supportive housing projects where the recipient or subrecipient owns or operates the building(s). The repayment schedule, the total amount to be placed in reserve over the grant term and the scheduled payment amount, the system or systems to be replaced and the useful life/lives of the system(s) must be included as an attachment, submitted as part of your project application and must be approved by HUD. The HUD-approved amount is the limit on how much of your grant...
funds can be put in reserve. The total amount to be deposited in the reserve and the scheduled payments must be based on the remaining useful life of the system the recipient that will be replaced and the expected replacement cost of that system, reduced by the interest income expected to be earned on the reserve account before the end of the useful life of the system (taking into account expected future deposits and cash disbursements).

Recipients must draw down these funds from LOCCS in accordance with the HUD-approved repayment schedule included in the application. Payments must be scheduled no less frequently than quarterly, as required by 24 CFR 578.85(c)(3). A recipient must maintain separate accounting records for the reserve (e.g., an accounting “fund”) that will segregate the accounting for deposit of grant funds and expenditure of amounts held in the reserve for replacement of the asset). When the major system for which the reserve was created must be replaced (e.g., the HVAC system), the recipient may use funds in the reserve account to pay for the replacement without prior approval from HUD, but must maintain documentation to support the expenditure of funds and the replacement of the system.
3B. Project Description

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

Target Population: Homeless families with at least one disabled adult, and minor child in custody. Program applicants must meet HUD definition of homelessness, targeting chronic most vulnerable, hardest to house families first on the CoC central prioritization list. The target population is expected to have significant issues that have prevented successful entrance into regular housing, rapid re-housing, or successful maintenance of permanent housing, indicating a need for on-going support services. The target population is actively encouraged to engage in services through a Housing First Model of Progressive Engagement, to address issues that cause homelessness, and actively participate in services agreed upon in the individualized housing service plan to successfully maintain housing stability. However, no participant is denied housing for refusing to participate in services. ACF offers a wide variety of service options to find the best service fit for even the most challenging of tenant participants. ACF staff continually offer dynamic programs repeatedly until the client engages. Housing: Housing includes a new 10-unit apartment complex and 2-single family home units, in immediate proximity, that were rehabbed (A-FIRST Phase II), providing 12-total PSH units with a 36-bed capacity. the 10-unit complex has a digital security system that includes remote monitoring. Housing includes on-site counseling offices; program space for on-site education and basic health care check-ups, an on-site laundry and playground. Program Methodology: A-FIRST uses a micro community model with a holistic approach to provide comprehensive services in a setting that is sensitive to the needs of homeless families and children. The project uses a standardized measurement and service plan design tool. Individualized housing plans are established within 30-days of program entry with the participants input, based on their goals and incorporates services indicated by the instrument scores. the program uses behavioral techniques rewarding desired behavior and self-exploration thinking to review poor choices including what options would have been better. Hence, learning from mistakes. Support Services: Include assessment, case plans, case management, and wrap around services including: life skills, non-emergency medical services, prescription assistance, substance abuse counseling, financial literacy and money management, mental health counseling, tutoring, educational instruction and job skills training. Service Partners: Alliance Family Health Center, Phoenix Rising Behavioral Health, Alliance Health Department, CommQuest Recovery Services, Alliance Career Center, Alliance City Schools, Canton City Schools, University of Mount Union, Child and Adolescent Service Center, United Way of Greater Stark County, and Lattanzi and Associates.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)
### Chronic Homeless
- Yes

### Domestic Violence
- Yes

### Veterans
- No

### Substance Abuse
- Yes

### Youth (under 25)
- No

### Mental Illness
- Yes

### Families with Children
- Yes

### HIV/AIDS
- No

### Other (Click 'Save' to update)
- Yes

**Other:** Developmental & Physical Disabilities

### 3. Housing First

**3a. Does the project quickly move participants into permanent housing?**

Yes

**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

- Having too little or little income: Yes
- Active or history of substance use: Yes
- Having a criminal record with exceptions for state-mandated restrictions: Yes
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse): Yes
- None of the above: No

**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

- Failure to participate in supportive services: Yes
- Failure to make progress on a service plan: Yes
- Loss of income or failure to improve income: Yes
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area: Yes
- None of the above: No
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. 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: 12
Total Beds: 36
Total Dedicated CH Beds: 36

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single family homes/townhomes</td>
<td>---</td>
<td>12</td>
<td>36</td>
</tr>
</tbody>
</table>
1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 12
   b. Beds: 36

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   36
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 110 West Cambridge Street
   Street 2: 624 Scranton Ave
   City: Alliance
   State: Ohio
   ZIP Code: 44601

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   390066 Alliance, 399151 Stark County
## 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Total Persons</th>
<th>Adult Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>36</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>36</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>20</td>
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<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>36</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>9</td>
<td>13</td>
<td>2</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? Yes

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$32,000</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$32,000</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Alliance Family H...</td>
<td>08/23/2019</td>
<td>$32,000</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Alliance Family Health Center
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/23/2019
6. Value of Written Commitment: $32,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$11,945</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$95,315</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$107,260</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$10,726</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$117,986</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$32,000</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$32,000</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$149,986</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Our local CoC approved increasing the administrative budget to 10%. The other budgets were adjusted to accommodate this change.

**Name of Authorized Certifying Official**  Shirene Tapyrik

**Date:** 09/16/2019
Title: CEO/Executive Director

Applicant Organization: Alliance for Children & Families

PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
</tr>
<tr>
<td>3B. Description</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td>4B. Housing Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
</tr>
</tbody>
</table>

Part 7 - Attachment(s) & Certification
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Our local CoC approved increasing the administrative budget to 10%. The other budgets were adjusted to accommodate this change.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>07/28/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/10/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------------------------------</td>
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</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>07/28/2019</td>
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<td>1F. SF-424 Declaration</td>
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<td>1H. HUD-50070</td>
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<td>1I. Cert. Lobbying</td>
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<td>1J. SF-LLL</td>
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<tr>
<td>Recipient Performance</td>
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</tr>
<tr>
<td>Renewal Expansion</td>
<td>09/16/2019</td>
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<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>07/28/2019</td>
</tr>
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<td>3B. Description</td>
<td>07/28/2019</td>
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<tr>
<td>3C. Dedicated Plus</td>
<td>08/19/2019</td>
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<tr>
<td>4A. Services</td>
<td>07/28/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>07/28/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>07/28/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>07/28/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>07/28/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.)
1A. SF-424 Application Type

1. Type of Submission: 
2. Type of Application: New Project Application

If Revision, select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/16/2019

4. Applicant Identifier:
   5a. Federal Entity Identifier:

6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Alliance for Children & Families
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1590276
   c. Organizational DUNS: 609962550
      PLUS 4: 1111
   d. Address
      Street 1: 624 Scranton Ave.
      Street 2: 
      City: Alliance
      County: Stark
      State: Ohio
      Country: United States
      Zip / Postal Code: 44601
   e. Organizational Unit (optional)
      Department Name: ACF
      Division Name: Housing
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Shirene
      Middle Name: Starn
      Last Name: Tapyrik
      Suffix: 
      Title: CEO/Executive Director
      Organizational Affiliation: Alliance for Children & Families
      Telephone Number: (330) 821-6332
Extension: 0000
Fax Number: (330) 821-8748
Email: shirene@allianceforchildrenandfamilies.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
14. Area(s) affected by the project (state(s) only): Ohio
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: A First Expansion

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: X

21. Authorized Representative

Prefix:  Ms.
First Name:  Shirene
Middle Name:  Starn
Last Name:  Tapyrik
Title:  CEO/Executive Director
Telephone Number:  (330) 821-6332
(Format: 123-456-7890)
Fax Number:  (330) 821-8748
(Format: 123-456-7890)
Email:  shirene@allianceforchildrenandfamilies.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  09/16/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Alliance for Children & Families
   Prefix: Ms.
   First Name: Shirene
   Middle Name: Starn
   Last Name: Tapyrik
   Suffix: 
   Title: CEO/Executive Director

   Organizational Affiliation: Alliance for Children & Families
   Telephone Number: (330) 821-6332
   Extension: 0
   Email: shirene@allianceforchildrenandfamilies.org
   City: Alliance
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44601

2. Employer ID Number (EIN): 34-1590276

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $45,172.00
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?  
   (For further information, see 24 CFR Sec. 4.3).
   
   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

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

### Part III Interested Parties

Applicant: Alliance for Children & Families
Project: A First Expansion

(Requested amounts will be automatically entered within applications)
You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

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

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 09/16/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Alliance for Children & Families
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:

<table>
<thead>
<tr>
<th>Certification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
</tbody>
</table>
| b. | Establishing an on-going drug-free awareness program to inform employees ---
(1) The dangers of drug abuse in the workplace
(2) The Applicant's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. |
| c. | Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; |
| d. | Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
(1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; |
| e. | Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| f. | Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; |
| g. | Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |

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.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name Starn
Last Name: Tapyrik
Suffix: 
Title: CEO/Executive Director

Telephone Number: (330) 821-6332
(Format: 123-456-7890)

Fax Number: (330) 821-8748
(Format: 123-456-7890)

Email: shirene@allianceforchildrenandfamilies.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/16/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant’s Organization: Alliance for Children & Families

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 09/16/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Alliance for Children & Families
Street 1: 624 Scranton Ave.
Street 2:
City: Alliance
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44601

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik

Title: CEO/Executive Director

Telephone Number: (330) 821-6332
(Format: 123-456-7890)
Fax Number: (330) 821-8748
(Format: 123-456-7890)

Email: shirene@allianceforchildrenandfamilies.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/16/2019
2A. Project Subrecipients

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

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

ACF has 31+ years of experience (since 1987) administering Federal, State, and locally funded grant programs, including: Emergency Shelter Grants, and the Ohio Development Services Agency's (ODSA) Office of Housing and Community Partnerships. ACF has received CDBG funds from Stark County and the City of Alliance and has successfully renewed these grants after receiving positive monitoring reports. HUD grants include CoC grants for TH (2007 to 2016); CoC PSH grants (2010 to the present); State of Ohio NSP 1 (2009); Alliance CDBG (2007 -present); Stark County CDBG (2009 to present); and OHFA (2009 to present).

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

ACF has been a responsible steward of CDBG, HOME, OHFA (Ohio Housing Finance Agency), FHLB (Federal Home Loan Bank), OCD (Ohio Community Development), and NSP funding sources as evidenced by positive monitoring reports and audits.

Leveraged sources include Alliance Family Health Center, various mental health and substance abuse providers including Coleman, ComQuest, and Phoenix Rising. All of the above named providers accept Medicaid, Medicare, private health insurance and United Way dollars.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

ACF is a non-profit with a volunteer Board of Director's that have on-going oversight of the agency through regularly scheduled board and committee meetings. ACF has an Executive Director/CEO who oversees a staff of 6 full-time employees and 2 part-time employees, including a licensed social-worker, a housing quality inspector, and program managers for shelter, and permanent housing. ACF uses an independent part-time CPA employed to oversee manage the agency's financial accounting system. In addition to paid staff, ACF has volunteers both on the board and from the community who provide inkind consultant services on a need basis. In the past this has included the Executive Directors of the YWCA of Canton and ICAN Housing Solutions, and Corporation for Supportive Housing.
4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?  No
3A. Project Detail

1a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

1b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

2. Project Name: A First Expansion

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? PSH

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

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

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

8. Does this project include Replacement Reserves? No
3B. Project Description

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

Housing Plan: After acceptance, ACF completes an assessment with each head of household to assist in understanding the participant’s needs and the barriers that led to previous failure with housing. With input of the adult participants, each household has an individualized housing maintenance plan (IHMP), and with participant agreement, adds in recommendations of service professionals. ACF knows that if the participants are driving their respective IHMPs, they will take ownership and engage at a level that will improve reaching success and achieving housing stability. ACF staff work with the participants to aid in overcoming barriers between participant and support service providers.

ACF has followed HUD’s definition of Housing First for PSH since 2010. ACF staff continue to participate in housing first and low barrier training to ensure that staff understand both models and follow the requirements. ACF engages in continuous quality improvement and regularly reviews historical barriers, while also adhering to the lowest threshold of project eligibility criteria. Beginning in late 2017, ACF staff engaged in program reviews to ensure that its existing housing admittance and program practices honored both models, and to examine if there were any unanticipated barriers that could keep applicants from admission into PSH.

ACF Services: Provided services include: IHMP, assessments, life skills, job skills & employment retention training, supported employment, safe parenting classes, financial literacy & asset building classes, and adult and child health and wellness education. ACF assists with clothing & shoes, diapers, food, summertime access to a meal outside the school system, cleaning supplies, laundry, transportation, furniture, family YMCA memberships, yoga classes, birthday program, holiday gifts, and sports equipment. When funded, ACF provides child enrichment programs such as music classes.

Outside Services: ACF’s network of providers and the larger community offer: clinical case management, clinical counseling, education, medical care, SNAP nutritional classes, Red Cross First Aid & CPR, prescription assistance, TANF, food stamps, smoking cessation, and infant mortality. ACF provides access to on-site tutoring and non-emergency medical services including immunizations in its clinic and education rooms.

Staff: Program & Housing Manager, CEO, operations, CPA, Health & Wellness Coordinator, Employment Retention Specialist, Independent Living facilitator and agency volunteers including mentors.

Involvement of homeless: A homeless person is included on the ACF board as a voting member and is elected by the tenant council. ACF provides one formerly homeless person with supported employment and housing. ACF offers residents the opportunity to earn rent credits and/or stipends through ACF work such as lawn mowing, sorting donations, gardening, housekeeping, food distribution, and small painting jobs.
2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

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

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
</tr>
<tr>
<td>New project staff hired, or other project expenses begin?</td>
<td>30</td>
</tr>
<tr>
<td>Participant enrollment in project begins?</td>
<td>20</td>
</tr>
<tr>
<td>Participants begin to occupy leased units or structure(s), and supportive services begin?</td>
<td>45</td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity?</td>
<td>30</td>
</tr>
<tr>
<td>Closing on purchase of land, structure(s), or execution of structure lease?</td>
<td>0</td>
</tr>
<tr>
<td>Rehabilitation started?</td>
<td>0</td>
</tr>
<tr>
<td>Rehabilitation completed?</td>
<td>0</td>
</tr>
<tr>
<td>New construction started?</td>
<td>0</td>
</tr>
<tr>
<td>New construction completed?</td>
<td>0</td>
</tr>
</tbody>
</table>

3. Will your project participate in a CoC Coordinated Entry Process? Yes

4. Please identify the project's specific population focus.

(Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

| Other (Click 'Save' to update) | |
|--------------------------------| |
5. Housing First

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

d. Will the project follow a "Housing First" approach?  Yes

(Click 'Save' to update)

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

Not applicable

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?  Yes

Explain how and why the project will implement this requirement.

The expansion proposes to serve very large families. There is a limited supply
of houses with enough bedrooms. The project will lease houses with 4 or more bedrooms.

8. Will more than 16 persons live in one structure?  No

**Dedicated and 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.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above.  100% Dedicated
3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?  
   Yes

   Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year’s CoC Program Competition.

   1a. Eligible Renewal Grant PIN Number: OH0385
   1b. Eligible Renewal Grant Project Name: A-First PSH

2. Will this expansion project Increase the number of homeless persons served?  
   Yes

   2a. Indicate how the project is proposing to "increase the number of homeless persons served."

<table>
<thead>
<tr>
<th>Current level of effort</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of persons served at a point-in-time</td>
<td>36</td>
</tr>
<tr>
<td># of units</td>
<td>12</td>
</tr>
<tr>
<td># of beds</td>
<td>36</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New effort</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of additional persons served at a point in time that this project will provide</td>
<td>10</td>
</tr>
<tr>
<td># of additional units this project will provide</td>
<td>2</td>
</tr>
<tr>
<td># of additional beds this project will provide</td>
<td>10</td>
</tr>
</tbody>
</table>

3. Will this Expansion Project bring additional supportive services to homeless persons?  
   No

4. Will this expansion project bring existing facilities up to government health and safety standards?  
   No
4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

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

ACF helps participants obtain and/or remain in permanent housing by starting the process with a good intake and administering the Ansel-Casey. This process enables the participant and case manager to design a supportive service plan that will assist the participant in gaining housing maintenance skills. The participants assist in designing their service plans. ACF maintains strong collaborative partnerships with a variety of service providers. ACF employs a knowledgeable staff that understands the sensitivity needed when working with the ACF target population. Weekly contact and monitoring by the case manager enables early problem identification (prevention instead of postvention).

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

ACF works with participants to apply for SSD and SSI, food stamps, WIC, and Medicaid. All ACF TH participants are able to use program computers, assisted by program staff, to search Ohio Benefits Bank, and many other service agency for information on applying for and setting appointments including completing on-line applications. Staff is certified OBB trained counselors and are also available to provide technical assistance or tutorials on the equipment. ACF has solid long-term relationships with community based mental health providers, medical doctors, the Stark County Department of Job and Family Services, and other non-profits who provide assistance to the population we serve.
4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>Bi-monthly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? 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:** 2
- **Total Beds:** 10
- **Total Dedicated CH Beds:** 10

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single family homes/townhouses...</td>
<td>---</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type:  Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  2
   b. Beds:  10

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless?
   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:  110 West Cambridge St
   Street 2: 
   City:  Alliance
   State:  Ohio
   ZIP Code:  44601

   *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)
   390066 Alliance
## 5A. Project Participants - Households

### Households Table

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Households</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project Participants - Subpopulations

#### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Total Persons</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

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

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? Reallocation + 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 being requested:
   - Leased Units X
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS

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

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Assistance Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH - Canton-Mass...</td>
<td>2</td>
<td>$21,120</td>
<td>$21,120</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $21,120
Grant Term: 1 Year
Total Request for Grant Term: $21,120
Total Units: 2
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: OH - Canton-Massillon, OH MSA (39019999999)

Leased Units Annual Budget
<table>
<thead>
<tr>
<th>Size of Units</th>
<th>Number of units (Applicant)</th>
<th>FMR (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 months</th>
<th>Total request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$355</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$473</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$539</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>2 Bedroom</td>
<td>x</td>
<td>$717</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedroom</td>
<td>x</td>
<td>$916</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedroom</td>
<td>x</td>
<td>$977</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedroom</td>
<td>2 x</td>
<td>$1,124</td>
<td>$880</td>
<td>x</td>
<td>12 = $21,120</td>
</tr>
<tr>
<td>6 Bedroom</td>
<td>x</td>
<td>$1,270</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedroom</td>
<td>x</td>
<td>$1,417</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedroom</td>
<td>x</td>
<td>$1,563</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedroom</td>
<td>x</td>
<td>$1,710</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
</tbody>
</table>

Total units and annual assistance requested: 2

Grant term: 1 Year

Total request for grant term: $21,120

Click the 'Save' button to automatically calculate totals.
### 6F. Supportive Services Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs .15 FTE staff with benefits</td>
<td>$12,300</td>
<td></td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested $12,300

Grant Term 1 Year

Total Request for Grant Term $12,300

Click the 'Save' button to automatically calculate totals.
## 6G. Operating

**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

**Eligible Costs:** The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

**Quantity AND Detail:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g., .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

**Total Annual Assistance Requested:** This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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

**Total Request for Grant Term:** This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

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

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

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>Unit repairs (interior and exterior), maintenance staff, contractors</td>
<td>$4,000</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>Insurance</td>
<td>$1,200</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Furniture</td>
<td>General household furnishings (beds)</td>
<td>$1,246</td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td>Computer, software &amp; peripherals</td>
<td>$1,200</td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td><strong>$7,646</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td><strong>$7,646</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6l. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $0 |
| Total Value of In-Kind Commitments: | $41,000 |
| Total Value of All Commitments: | $41,000 |

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  
No

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Alliance Family H...</td>
<td>09/16/2019</td>
<td>$41,000</td>
</tr>
</tbody>
</table>
1. Will this commitment be used towards match?  Yes
2. Type of commitment:  In-Kind
3. Type of source:  Private
4. Name the source of the commitment:  Alliance Family Health Center
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  09/16/2019
6. Value of Written Commitment:  $41,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
6J. Summary Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$21,120</td>
<td>1 Year</td>
<td>$21,120</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td></td>
<td>$12,300</td>
<td>1 Year</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$7,646</td>
<td>1 Year</td>
<td>$7,646</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$41,066</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td></td>
<td></td>
<td>$4,106</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$45,172</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td></td>
<td></td>
<td>$41,000</td>
</tr>
<tr>
<td>12. Total Match</td>
<td></td>
<td></td>
<td>$41,000</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td></td>
<td></td>
<td>$86,172</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Shirene Tapyrik
Date: 09/16/2019
Title: CEO/Executive Director
Applicant Organization: Alliance for Children & Families

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent
statements or claims may subject me to criminal, civil, or administrative penalties.  
(U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.  
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.
<table>
<thead>
<tr>
<th>Page Description</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/10/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>08/10/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/19/2019</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/10/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>6C. Leased Units</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>6G. Operating</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>6I. Match</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. In-Kind MOU Attachment</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7D. Certification</td>
<td>08/23/2019</td>
</tr>
</tbody>
</table>

Applicant: Alliance for Children & Families
Project: A First Expansion
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/18/2019
4. Applicant Identifier: 
5a. Federal Entity Identifier: 
5b. Federal Award Identifier: OH0385
   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
6. Date Received by State: 
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
a. Legal Name: Alliance for Children & Families
b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1590276

c. Organizational DUNS: 609962550
   PLUS 4 1111

d. Address
   Street 1: 624 Scranton Ave.
   City: Alliance
   County: Stark
   State: Ohio
   Country: United States
   Zip / Postal Code: 44601

e. Organizational Unit (optional)
   Department Name: ACF
   Division Name: Housing

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Shirene
   Middle Name: Starn
   Last Name: Tapyrik
   Suffix:
   Title: CEO/Executive Director
   Organizational Affiliation: Alliance for Children & Families
   Telephone Number: (330) 821-6332
Extension:  0000
Fax Number:  (330) 821-8748
Email:  shirene@allianceforchildrenandfamilies.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Ohio
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: A First Combined Expanded

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
   (for multiple selections hold CTRL key)
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2020
   b. End Date: 11/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

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

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

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

   If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik
Suffix: 
Title: CEO/Executive Director
Telephone Number: (330) 821-6332
(Format: 123-456-7890)
Fax Number: (330) 821-8748
(Format: 123-456-7890)
Email: shirene@allianceforchildrenandfamilies.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/18/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Alliance for Children & Families
   Prefix: Ms.
   First Name: Shirene
   Middle Name: Starn
   Last Name: Tapyrik
   Suffix: 
   Title: CEO/Executive Director

   Organizational Affiliation: Alliance for Children & Families

   Telephone Number: (330) 821-6332
   Extension: 0
   Email: shirene@allianceforchildrenandfamilies.org
   City: Alliance
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44601

2. Employer ID Number (EIN): 34-1590276

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received:
   $163,158.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

A First Combined Expanded 624 Scranton Ave.
Alliance Ohio

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? (For further information, see 24 CFR Sec. 4.3).

   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

---

Part III Interested Parties

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td></td>
<td>09/19/2019</td>
</tr>
</tbody>
</table>
Certification

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

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

I AGREE: 

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 08/06/2019
## 1H. HUD 50070

**HUD 50070 Certification for a Drug Free Workplace**

**Applicant Name:** Alliance for Children & Families  
**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:

<table>
<thead>
<tr>
<th></th>
<th>Publish 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Establishing an on-going drug-free awareness program to inform employees ---</td>
</tr>
<tr>
<td></td>
<td>(1) The dangers of drug abuse in the workplace</td>
</tr>
<tr>
<td></td>
<td>(2) The Applicant's policy of maintaining a drug-free workplace;</td>
</tr>
<tr>
<td></td>
<td>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</td>
</tr>
<tr>
<td></td>
<td>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>b.</td>
<td>Making 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.;</td>
</tr>
<tr>
<td>c.</td>
<td>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---</td>
</tr>
<tr>
<td></td>
<td>(1) Abide by the terms of the statement; and</td>
</tr>
<tr>
<td></td>
<td>(2) If the employee 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;</td>
</tr>
<tr>
<td>d.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>e.</td>
<td>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 ---</td>
</tr>
<tr>
<td></td>
<td>(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</td>
</tr>
<tr>
<td></td>
<td>(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;</td>
</tr>
<tr>
<td>f.</td>
<td>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

### 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.

The information provided on this form and in any accompanying documentation is true and accurate.

---

**Applicant:** Alliance for Children & Families  
**Project:** A First Combined Expanded  
**Grant Number:** 609962550  
**Page:** 12  
**Date:** 09/19/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik
Suffix:
Title: CEO/Executive Director
Telephone Number: (330) 821-6332
Fax Number: (330) 821-8748
Email: shirene@allianceforchildrenandfamilies.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/18/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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: Alliance for Children & Families

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 09/18/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C.
1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Alliance for Children & Families
Street 1: 624 Scranton Ave.
Street 2:
City: Alliance
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44601

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik

Suffix:
Title: CEO/Executive Director

Telephone Number: (330) 821-6332
(Format: 123-456-7890)

Fax Number: (330) 821-8748
(Format: 123-456-7890)

Email: shirene@allianceforchildrenandfamilies.org

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

Date Signed: 09/18/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the standalone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.
   Yes

2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application?
   Combined Renewal Expansion

2b. Combined Renewal Expansion Table

<table>
<thead>
<tr>
<th>Stand-Alone Renewal or Stand-Alone New</th>
<th>Project Name</th>
<th>Total Requested Amount</th>
<th>PIN Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand-Alone Renewal</td>
<td>A-First</td>
<td>$117,986</td>
<td>OH0385</td>
<td>11/30/2021</td>
</tr>
<tr>
<td>Stand-Alone New</td>
<td>A-First Expansion</td>
<td>$45,172</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Combined Renewal Expansion Summary

<table>
<thead>
<tr>
<th>Total Number of Grants in the Combined Renewal Expansion</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Requested Amount in the Combined Renewal Expansion</td>
<td>$163,158</td>
</tr>
</tbody>
</table>

I hereby confirm that I have reviewed the accuracy and submitted all the renewal and new project applications related to this Combined Renewal Expansion request into esnaps and I have attached on Screen 7A the PDF copies of each of the FY 2019 project applications listed above.

X
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? 
   No

If "No" click on "Next" or "Save & Next" below 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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0385
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: A First Combined Expanded

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Does this project include Replacement Reserves? Yes

Your project has a replacement reserve amount in the budget. In order to move to grant agreement, the repayment schedule, the total amount to be placed in reserve over the grant term and the scheduled payment amount, and the system or systems to be replaced and the useful life/lives of the system(s) must be attached in esnaps, and must be approved by HUD.

FAQ: Scheduled payments to a reserve fund for the repair of major building systems are an eligible cost for recipients of transitional or permanent supportive housing projects where the recipient or subrecipient owns or operates the building(s). The repayment schedule, the total amount to be placed in reserve over the grant term and the scheduled payment amount, the system or systems to be replaced and the useful life/lives of the system(s) must be included as an attachment, submitted as part of your project application and must be approved by HUD. The HUD-approved amount is the limit on how much of your grant
funds can be put in reserve. The total amount to be deposited in the reserve and the scheduled payments must be based on the remaining useful life of the system the recipient that will be replaced and the expected replacement cost of that system, reduced by the interest income expected to be earned on the reserve account before the end of the useful life of the system (taking into account expected future deposits and cash disbursements).

Recipients must draw down these funds from LOCCS in accordance with the HUD-approved repayment schedule included in the application. Payments must be scheduled no less frequently than quarterly, as required by 24 CFR 578.85(c)(3). A recipient must maintain separate accounting records for the reserve (e.g., an accounting “fund”) that will segregate the accounting for deposit of grant funds and expenditure of amounts held in the reserve for replacement of the asset). When the major system for which the reserve was created must be replaced (e.g., the HVAC system), the recipient may use funds in the reserve account to pay for the replacement without prior approval from HUD, but must maintain documentation to support the expenditure of funds and the replacement of the system.
3B. Project Description

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

Target Population: Homeless families with at least one disabled adult, and minor child in custody. Program applicants must meet HUD definition of homelessness, targeting chronic most vulnerable, hardest to house families first on the CoC central prioritization list. The target population is expected to have significant issues that have prevented successful entrance into regular housing, rapid re-housing, or successful maintenance of permanent housing, indicating a need for on-going support services. The target population is actively encouraged to engage in services through a Housing First Model of Progressive Engagement, to address issues that cause homelessness, and actively participate in services agreed upon in the individualized housing service plan to successfully maintain housing stability. However, no participant is denied housing for refusing to participate in services. ACF offers a wide variety of service options to find the best service fit for even the most challenging of tenant participants. ACF staff continually offer dynamic programs repeatedly until the client engages. Housing: Housing includes a new 10-unit apartment complex and 2-single family home units, in immediate proximity, that were rehabbed (A-FIRST Phase II), and now renting 2- 4/5 bedroom homes providing 14-total PSH units with a 46-bed capacity. The 10-unit complex has a digital security system that includes remote monitoring. Housing includes on-site counseling offices; program space for on-site education an basic health care check-ups, an on-site laundry and playground. Program Methodology: A-FIRST uses a micro community model with a holistic approach to provide comprehensive services in a setting that is sensitive to the needs of homeless families and children. The project uses a standardized measurement and service plan design tool. Individualized housing plans are established within 30-days of program entry with the participants input, based on their goals and incorporates services indicated by the instrument scores. the program uses behavioral techniques rewarding desired behavior an self-exploration thinking to review poor choices including what options would have been better. Hence, learning from mistakes. Support Services: Include assessment, case plans, case management, and wrap around services including: life skills, non-emergency medical services, prescription assistance, substance abuse counseling, financial literacy and money management, mental health counseling, tutoring, educational instruction and job skills training. Service Partners: Alliance Family Health Center, Phoenix Rising Behavioral Health, Alliance Health Department, CommQuest Recovery Services, Alliance Career Center, Alliance City Schools, Canton City Schools, University of Mount Union, Child and Adolescent Service Center, United Way of Greater Stark County, and Lattanzi and Associates.

2. Does your project have a specific population focus? Yes
2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Other: Developmental & Physical Disabilities

3. Housing First

3a. Does the project quickly move participants into permanent housing

Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Active or history of substance use</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure to make progress on a service plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loss of income or failure to improve income</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

None of the above

3d. Does the project follow a "Housing First" Yes
approach?
3C. Dedicated Plus

Dedicated and 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. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single family homes/townhouse</td>
<td>---</td>
<td>12</td>
<td>36</td>
</tr>
<tr>
<td>Single family homes/townhouse</td>
<td>---</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 12
   b. Beds: 36

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   36
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 110 West Cambridge Street
   Street 2: 624 Scranton Ave
   City: Alliance
   State: Ohio
   ZIP Code: 44601

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   390066 Alliance, 399151 Stark County

4B. Housing Type and Location Detail
1. **Housing Type:** Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   
a. **Units:** 2
   
b. **Beds:** 10

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?

   10

   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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:** Various Streets
   
   **Street 2:**
   
   **City:** Alliance
   
   **State:** Ohio
   
   **ZIP Code:** 44601

5. **Select the geographic area(s) associated with the address:**

   (for multiple selections hold CTRL Key)

   390066 Alliance, 390858 Canton, 393114 Massillon, 399151 Stark County
# 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>28</td>
<td>0</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>46</td>
<td>0</td>
<td>0</td>
<td>46</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project Participants - Subpopulations

**Persons in Households with at Least One Adult and One Child**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>20</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>14</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>38</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>9</td>
<td>23</td>
<td>2</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

*Click Save to automatically calculate totals*

**Persons in Households without Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Persons in Households with Only Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? Yes

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units X
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS
6B. Leased Units Budget

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.

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH - Canton-Mass...</td>
<td>2</td>
<td>$21,120</td>
<td>$21,120</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $21,120
Grant Term: 1 Year
Total Request for Grant Term: $21,120
Total Units: 2
Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: OH - Canton-Massillon, OH MSA (3901999999)

Leased Units Annual Budget

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td>2</td>
<td>$21,120</td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>2</strong></td>
<td><strong>$21,120</strong></td>
</tr>
</tbody>
</table>

Grant Term

<table>
<thead>
<tr>
<th>Grant Term</th>
<th>Total Request for Grant Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Year</td>
<td>$21,120</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

**Summary for Match**

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$41,800</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$41,800</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Alliance Family H...</td>
<td>09/14/2019</td>
<td>$41,800</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  In-Kind
3. Type of Source:  Private
4. Name the Source of the Commitment:  Alliance Family Health Center
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  09/14/2019
6. Value of Written Commitment:  $41,800

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.
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total AssistanceRequested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$21,120</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$24,245</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$102,961</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$148,326</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$14,832</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$163,158</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$41,800</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$41,800</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$204,958</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
### 7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Alliance for Children & Families  
Project: A First Combined Expanded
Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part 1), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official  Shirene Tapyrik

Date:  09/18/2019

Title:  CEO/Executive Director

Applicant Organization:  Alliance for Children & Families
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
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</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
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<tbody>
<tr>
<td>3A. Project Detail</td>
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<tr>
<td>3B. Description</td>
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<tr>
<td>3C. Dedicated Plus</td>
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<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
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<tbody>
<tr>
<td>4A. Services</td>
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<tr>
<td>4B. Housing Type</td>
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<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
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<tbody>
<tr>
<td>5A. Households</td>
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</tr>
<tr>
<td>5B. Subpopulations</td>
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</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
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<tbody>
<tr>
<td>6A. Funding Request</td>
<td>x</td>
</tr>
<tr>
<td>6B. Leased Units</td>
<td>x</td>
</tr>
<tr>
<td>6D. Match</td>
<td>x</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

The application includes changes in administrative funding as approved by the local COC. The application adds in the expansion expenses as well as including a new category of leasing.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
### 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
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<td>1B. SF-424 Legal Applicant</td>
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<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------</td>
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<td><strong>1C. SF-424 Application Details</strong></td>
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<tr>
<td><strong>1D. SF-424 Congressional District(s)</strong></td>
<td>08/10/2019</td>
</tr>
<tr>
<td><strong>1E. SF-424 Compliance</strong></td>
<td>08/06/2019</td>
</tr>
<tr>
<td><strong>1F. SF-424 Declaration</strong></td>
<td>08/06/2019</td>
</tr>
<tr>
<td><strong>1G. HUD-2880</strong></td>
<td>09/16/2019</td>
</tr>
<tr>
<td><strong>1H. HUD-50070</strong></td>
<td>08/06/2019</td>
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<tr>
<td><strong>1I. Cert. Lobbying</strong></td>
<td>08/06/2019</td>
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<td><strong>1J. SF-LLL</strong></td>
<td>08/06/2019</td>
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<td>08/06/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/23/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
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<td><strong>3A. Project Detail</strong></td>
<td>08/06/2019</td>
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<tr>
<td><strong>3B. Description</strong></td>
<td>08/10/2019</td>
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<tr>
<td><strong>3C. Dedicated Plus</strong></td>
<td>08/19/2019</td>
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<tr>
<td><strong>4A. Services</strong></td>
<td>08/06/2019</td>
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<tr>
<td><strong>4B. Housing Type</strong></td>
<td>08/06/2019</td>
</tr>
<tr>
<td><strong>5A. Households</strong></td>
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<tr>
<td><strong>5B. Subpopulations</strong></td>
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<td><strong>6A. Funding Request</strong></td>
<td>08/06/2019</td>
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<tr>
<td><strong>6B. Leased Units</strong></td>
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<td><strong>6D. Match</strong></td>
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<td><strong>6E. Summary Budget</strong></td>
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<td><strong>7A. Attachment(s)</strong></td>
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<td><strong>7A. In-Kind Match MOU Attachment</strong></td>
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<tr>
<td><strong>7B. Certification</strong></td>
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</tr>
<tr>
<td><strong>Submission Without Changes</strong></td>
<td>08/06/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission:  Application
2. Type of Application:  Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received:  08/23/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:  
5b. Federal Award Identifier:  OH0536
   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
   X
6. Date Received by State:
7. State Application Identifier:
8. Applicant
   a. Legal Name: Alliance for Children & Families
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1590276
   c. Organizational DUNS: 609962550
   d. Address
      Street 1: 624 Scranton Ave.
      Street 2: 
      City: Alliance
      County: Stark
      State: Ohio
      Country: United States
      Zip / Postal Code: 44601
   e. Organizational Unit (optional)
      Department Name: ACF
      Division Name: Housing
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Shirene
      Middle Name: Starn
      Last Name: Tapyrik
      Suffix: 
      Title: CEO/Executive Director
      Organizational Affiliation: Alliance for Children & Families
      Telephone Number: (330) 821-6332
Extension: 0000
Fax Number: (330) 821-8748
Email: shirene@allianceforchildrenandfamilies.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number: Title:
14. Area(s) affected by the project (State(s) only): Ohio
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: B First

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
      (for multiple selections hold CTRL key)
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 11/01/2020
   b. End Date: 10/31/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: X

21. Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik
Suffix: 
Title: CEO/Executive Director
Telephone Number: (330) 821-6332
(Format: 123-456-7890)
Fax Number: (330) 821-8748
(Format: 123-456-7890)
Email: shirene@allianceforchildrenandfamilies.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/23/2019
1. Applicant/Recipient Name, Address, and Phone

<table>
<thead>
<tr>
<th>Agency Legal Name:</th>
<th>Alliance for Children &amp; Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix:</td>
<td>Ms.</td>
</tr>
<tr>
<td>First Name:</td>
<td>Shirene</td>
</tr>
<tr>
<td>Middle Name:</td>
<td>Starn</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Tapyrik</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>CEO/Executive Director</td>
</tr>
</tbody>
</table>

Organizational Affiliation: Alliance for Children & Families

<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>(330) 821-6332</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extension:</td>
<td>0</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:shirene@allianceforchildrenandfamilies.org">shirene@allianceforchildrenandfamilies.org</a></td>
</tr>
<tr>
<td>City:</td>
<td>Alliance</td>
</tr>
<tr>
<td>County:</td>
<td>Stark</td>
</tr>
<tr>
<td>State:</td>
<td>Ohio</td>
</tr>
<tr>
<td>Country:</td>
<td>United States</td>
</tr>
<tr>
<td>Zip/Postal Code:</td>
<td>44601</td>
</tr>
</tbody>
</table>

2. Employer ID Number (EIN): 34-1590276

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $114,463.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

B First 624 Scranton Ave. Alliance Ohio

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

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)? No

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 07/28/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Alliance for Children & Families

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:

<table>
<thead>
<tr>
<th>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Establishing an on-going drug-free awareness program to inform employees ---</td>
</tr>
<tr>
<td>(1) The dangers of drug abuse in the workplace</td>
</tr>
<tr>
<td>(2) The Applicant's policy of maintaining a drug-free workplace;</td>
</tr>
<tr>
<td>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</td>
</tr>
<tr>
<td>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</td>
</tr>
<tr>
<td>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---</td>
</tr>
<tr>
<td>(1) Abide by the terms of the statement; and</td>
</tr>
<tr>
<td>(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;</td>
</tr>
<tr>
<td>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---</td>
</tr>
<tr>
<td>(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</td>
</tr>
<tr>
<td>(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;</td>
</tr>
<tr>
<td>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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.

Applicant: Alliance for Children & Families

Project: B First
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name Starn
Last Name: Tapyrik
Suffix: 
Title: CEO/Executive Director
Telephone Number: (330) 821-6332
Fax Number: (330) 821-8748
Email: shirene@allianceforchildrenandfamilies.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/23/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure of Lobbying Activities,” in accordance with its instructions.

3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than
$10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in
the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may
result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31
U.S.C. 3729, 3802)

Applicant’s Organization: Alliance for Children & Families

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 08/23/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

| Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? | No |
| Legal Name: | Alliance for Children & Families |
| Street 1: | 624 Scranton Ave. |
| Street 2: | |
| City: | Alliance |
| County: | Stark |
| State: | Ohio |
| Country: | United States |
| Zip / Postal Code: | 44601 |

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

I certify that this information is true and complete. [X]
Authorized Representative
Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik
Suffix:
Title: CEO/Executive Director
Telephone Number: (330) 821-6332
(Format: 123-456-7890)
Fax Number: (330) 821-8748
(Format: 123-456-7890)
Email: shirene@allianceforchildrenandfamilies.org
Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/23/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the standalone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No

If "No" click on "Next" or "Save & Next" below 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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0536
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: B First

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Does this project include Replacement Reserves? Yes

Your project has a replacement reserve amount in the budget. In order to move to grant agreement, the repayment schedule, the total amount to be placed in reserve over the grant term and the scheduled payment amount, and the system or systems to be replaced and the useful life/lives of the system(s) must be attached in esnaps, and must be approved by HUD.

FAQ: Scheduled payments to a reserve fund for the repair of major building systems are an eligible cost for recipients of transitional or permanent supportive housing projects where the recipient or subrecipient owns or operates the building(s). The repayment schedule, the total amount to be placed in reserve over the grant term and the scheduled payment amount, the system or systems to be replaced and the useful life/lives of the system(s) must be included as an attachment, submitted as part of your project application and must be approved by HUD. The HUD-approved amount is the limit on how much of your grant...
funds can be put in reserve. The total amount to be deposited in the reserve and the scheduled payments must be based on the remaining useful life of the system the recipient that will be replaced and the expected replacement cost of that system, reduced by the interest income expected to be earned on the reserve account before the end of the useful life of the system (taking into account expected future deposits and cash disbursements).

Recipients must draw down these funds from LOCCS in accordance with the HUD-approved repayment schedule included in the application. Payments must be scheduled no less frequently than quarterly, as required by 24 CFR 578.85(c)(3). A recipient must maintain separate accounting records for the reserve (e.g., an accounting “fund”) that will segregate the accounting for deposit of grant funds and expenditure of amounts held in the reserve for replacement of the asset. When the major system for which the reserve was created must be replaced (e.g., the HVAC system), the recipient may use funds in the reserve account to pay for the replacement without prior approval from HUD, but must maintain documentation to support the expenditure of funds and the replacement of the system.
3B. Project Description

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

Housing Facility: B-FIRST is a newly constructed 10-unit, 30-persons, permanent supportive housing project for homeless families, in SW Canton, Stark County, Ohio. The housing includes on-site counseling offices, security, program space for on-site education, basic medical health care check-ups, and laundry facility.

Target Population: The program targets homeless families with at least one chronically homeless adult with at least one minor child in the home. Program applicants must meet HUD’s definition of homeless and chronically homeless families. The target population is expected to have significant issues that have prevented successful entrance into regular housing or successful maintenance of permanent housing, indicating a need for on-going support services. Applicants will be referred through the CoC’s Central intake using the HUD priority targeting families with the highest service usage, need, mental health and criminal barriers.

Housing Model: B-First is a housing first program that utilizes a micro community model with a holistic approach to provide comprehensive services in a setting that is sensitive to the needs of homeless families and children. Assessments and housing service plans are completed within 30-days of program entry. With participants’ input, homeless history, and assessment results, the program uses strength-based housing and employment service plans with progressive engagement. The program rewards desired behaviors as when participants make better life choices, they have more successful housing outcomes. Wrap around services are provided by partner and community agencies. While it is hoped that the target population has a basic ability to engage in services, address issues that cause homelessness, and actively participate in services agreed upon in the individualized supportive service plan, this is not a criterion for entrance. ACF understands that the engagement process is likely to be challenging as the families are taken regardless of housing readiness. ACF never refuses or exits any participant for non-engagement. Instead, ACF staff, working with outside case managers, use a progressive engagement model to continue to re-offer participants options of services to address behaviors that could be a threat to housing stability. Offered services are tailored to the individual tenant participant. Services are not one-size-fits-all.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)
### Chronic Homeless
- X

### Domestic Violence
- X

### Veterans

### Substance Abuse
- X

### Youth (under 25)

### Mental Illness
- X

### Families with Children
- X

### HIV/AIDS

### Other
- Developmental & Physical Disabilities

#### 3. Housing First

**3a. Does the project quickly move participants into permanent housing?**
- Yes

**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

<table>
<thead>
<tr>
<th>Item</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td></td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

<table>
<thead>
<tr>
<th>Reason</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3d. Does the project follow a "Housing First" approach?**
- Yes
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single family homes/townhou...</td>
<td>---</td>
<td>10</td>
<td>30</td>
</tr>
</tbody>
</table>

Total Units: 10
Total Beds: 30
Total Dedicated CH Beds: 30
4B. Housing Type and Location Detail

1. Housing Type:  Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  10
   b. Beds:  30

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   30
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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:  610 Linwood SW
   Street 2:  
   City:  Canton
   State:  Ohio
   ZIP Code:  44710

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   390858 Canton, 399151 Stark County
## 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>30</td>
<td>0</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Total Persons</td>
<td>30</td>
<td>0</td>
<td>0</td>
<td>30</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
# 5B. Project Participants - Subpopulations

## Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>8</td>
<td>5</td>
<td>0</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>18</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total Persons</td>
<td>30</td>
<td>8</td>
<td>0</td>
<td>8</td>
<td>12</td>
<td>12</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

## Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

## Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? Yes

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$28,800</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$28,800</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? **No**

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Alliance Family H...</td>
<td>08/08/2018</td>
<td>$28,800</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Alliance Family Health Center

5. Date of Written Commitment: 08/08/2018

6. Value of Written Commitment: $28,800

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.
The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$24,690</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$79,367</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$104,057</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$10,406</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$114,463</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$28,800</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$28,800</td>
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<tr>
<td>12. Total Budget</td>
<td>$143,263</td>
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### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
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<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
A. For all projects:

**Fair Housing and Equal Opportunity**

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) therein which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Shirene Tapyrik
Date: 08/23/2019
Title: CEO/Executive Director
Applicant Organization: Alliance for Children & Families
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information
2A. Subrecipients  X

Part 3 - Project Information
3A. Project Detail  X
3B. Description  X
3C. Dedicated Plus  X

Part 4 - Housing Services and HMIS
4A. Services  X
4B. Housing Type  X

Part 5 - Participants and Outreach Information
5A. Households  X
5B. Subpopulations  X

Part 6 - Budget Information
6A. Funding Request  X
6D. Match  X
6E. Summary Budget  X

Part 7 - Attachment(s) & Certification
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Our local CoC approved increasing the administrative budget to 10%. The other budgets were adjusted to accommodate this change.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
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<tr>
<td>1C. SF-424 Application Details</td>
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<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/10/2019</td>
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<tr>
<td>------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>07/28/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>07/28/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>07/28/2019</td>
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<tr>
<td>1H. HUD-50070</td>
<td>07/28/2019</td>
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<tr>
<td>1I. Cert. Lobbying</td>
<td>07/28/2019</td>
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<tr>
<td>1J. SF-LLL</td>
<td>07/28/2019</td>
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<tr>
<td>Recipient Performance</td>
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<td>Renewal Expansion</td>
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<tr>
<td>Renewal Grant Consolidation</td>
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<td>3A. Project Detail</td>
<td>07/28/2019</td>
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<tr>
<td>3B. Description</td>
<td>07/28/2019</td>
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<tr>
<td>3C. Dedicated Plus</td>
<td>08/19/2019</td>
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<tr>
<td>4A. Services</td>
<td>07/28/2019</td>
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<tr>
<td>4B. Housing Type</td>
<td>07/28/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>07/28/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
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</tr>
<tr>
<td>6A. Funding Request</td>
<td>07/28/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>07/28/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>07/28/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/23/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: OH0515
   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
   6. Date Received by State:
   7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Alliance for Children & Families
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1590276

   d. Address
      Street 1: 624 Scranton Ave.
      Street 2:  
      City: Alliance
      County: Stark
      State: Ohio
      Country: United States
      Zip / Postal Code: 44601

   e. Organizational Unit (optional)
      Department Name: ACF
      Division Name: Housing

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Shirene
      Middle Name: Starn
      Last Name: Tapyrik
      Suffix:  
      Title: CEO/Executive Director
      Organizational Affiliation: Alliance for Children & Families
      Telephone Number: (330) 821-6332
Extension: 0000
Fax Number: (330) 821-8748
Email: shirene@allianceforchildrenandfamilies.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
   Ohio
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: SOHO PSH 2015

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
   (for multiple selections hold CTRL key)
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2020
   b. End Date: 11/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik
Suffix: 
Title: CEO/Executive Director
Telephone Number: (330) 821-6332
(Format: 123-456-7890)
Fax Number: (330) 821-8748
(Format: 123-456-7890)
Email: shirene@allianceforchildrenandfamilies.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/23/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   **Agency Legal Name:** Alliance for Children & Families
   **Prefix:** Ms.
   **First Name:** Shirene
   **Middle Name:** Starn
   **Last Name:** Tapyrik
   **Suffix:**
   **Title:** CEO/Executive Director

   **Organizational Affiliation:** Alliance for Children & Families
   **Telephone Number:** (330) 821-6332
   **Extension:** 0
   **Email:** shirene@allianceforchildrenandfamilies.org
   **City:** Alliance
   **County:** Stark
   **State:** Ohio
   **Country:** United States
   **Zip/Postal Code:** 44601

2. **Employer ID Number (EIN):** 34-1590276

3. **HUD Program:** Continuum of Care Program

4. **Amount of HUD Assistance Requested/Received:** $167,518.00

   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

SOHO PSH 2015 624 Scranton Ave. Alliance Ohio

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? (For further information, see 24 CFR Sec. 4.3).

Yes

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

No

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 07/28/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Alliance for Children & Families

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---
   (1) The dangers of drug abuse in the workplace
   (2) The Applicant's policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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.
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name Starn
Last Name: Tapyrik
Suffix: 
Title: CEO/Executive Director
Telephone Number: (330) 821-6332
(Format: 123-456-7890)
Fax Number: (330) 821-8748
(Format: 123-456-7890)
Email: shirene@allianceforchildrenandfamilies.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/23/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than
$10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in
the accompaniment herewith, is true and accurate: X

Warning: HUD will prosecute false claims and statements. Conviction may
result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31
U.S.C. 3729, 3802)

Applicant’s Organization: Alliance for Children & Families

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 08/23/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C.
1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Alliance for Children & Families
Street 1: 624 Scranton Ave.
Street 2: 
City: Alliance
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44601

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

I certify that this information is true and complete. X
Authorized Representative

Prefix:  Ms.
First Name:  Shirene
Middle Name:  Starn
Last Name:  Tapyrik

Suffix:  
Title:  CEO/Executive Director

Telephone Number:  (330) 821-6332
(Format: 123-456-7890)

Fax Number:  (330) 821-8748
(Format: 123-456-7890)

Email:  shirene@allianceforchildrenandfamilies.org

Signature of Authorized Official:  Considered signed upon submission in e-snaps.
Date Signed:  08/23/2019
Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No

If "No" click on "Next" or "Save & Next" below 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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0515
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: SOHO PSH 2015

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

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

Housing Facilities: The housing will be existing, scattered site one-bedroom rental units.

Number of Persons to be Served: The program is designed for 14-beds in 14-units, for an annual population of 14 chronically homeless individuals (so long as this need continues to exist). The number served would also appear higher in years when participant(s) move out into together permanent housing, upon successful exit(s).

Target Populations: The program will target chronically homeless individuals, comprised of the most vulnerable and/or highest priority homeless individuals in Stark County, according to the Stark County Homeless Hotline. The Hotline is the agency responsible for referrals and central intake and assessment. The target population is traditionally among the most vulnerable and difficult to house due to external and internal barriers. Program applicants must meet HUD's definition of homeless and include chronically homeless with the highest vulnerability, as determined by the central intake and assessment process of the Stark County Homeless Hotline. The target population is expected to have significant issues that have prevented successful entrance into regular housing or successful maintenance of permanent housing, indicating a need for ongoing support services. The target population is expected to actively engage in services as necessary to maintain housing to address issues that are placing housing in jeopardy that would result in eviction if not addressed. Engagement in services is not a pre-requisite to housing or to keep housing. ACF utilizes a model of progressive engagement, offering tailored fits of services to individual participants instead of a one-size-fits-all approach. ACF has had 98% successful outcomes in HUD programs with participants engaging in services and activities.

Program Methodology: SOHO will use the Ansel-Casey and/or SPDAT as a standardized measurement and services plans will be established within 30-days of program entry with the participant's input based on their goals and incorporate services indicated by the Ansel-Casey and/or SPDAT scores. The program uses a strength based service plan, and behavioral techniques rewarding desired behaviors and self-exploration thinking to review poor choices including what options would have been better, focusing on strengths.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2019          Page 23          08/26/2019
**Veterans Substance Abuse:**

- [ ]
- [x]

**Youth (under 25):**

- [x]
- [ ]

**Families with Children:**

- [ ]
- [ ]

**Other:**

- (Click 'Save' to update)

---

**3. Housing First**

**3a. Does the project quickly move participants into permanent housing?**

- Yes

**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

- [ ] Having too little or little income
- [x] Active or history of substance use
- [x] Having a criminal record with exceptions for state-mandated restrictions
- [x] History of victimization (e.g. domestic violence, sexual assault, childhood abuse)
- [ ] None of the above

**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

- [x] Failure to participate in supportive services
- [x] Failure to make progress on a service plan
- [x] Loss of income or failure to improve income
- [x] Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area
- [ ] None of the above

**3d. Does the project follow a "Housing First" approach?**

- Yes
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
# 4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. 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: 14
Total Beds: 14
Total Dedicated CH Beds: 14

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>---</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 14
   b. Beds: 14

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   14
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: Scattered Site
   Street 2: Alliance
   City: Alliance
   State: Ohio
   ZIP Code: 44601

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   390066 Alliance, 390858 Canton, 393114 Massillon
## 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>14</td>
<td>0</td>
<td>14</td>
</tr>
</tbody>
</table>

*Click Save to automatically calculate totals*
### 5B. Project Participants - Subpopulations

#### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>5</td>
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<td>1</td>
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<tr>
<td>Persons ages 18-24</td>
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<td>3</td>
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<tr>
<td>Children under age 18</td>
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<tr>
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<td>0</td>
</tr>
</tbody>
</table>

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
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<td>6</td>
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<td>1</td>
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<td>1</td>
<td>0</td>
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</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
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<td></td>
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<tr>
<td>Unaccompanied Children under age 18</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance  X
   - Supportive Services  X
   - Operating
   - HMIS
6C. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>OH - Canton-Massillon, OH MSA (390199...)</td>
<td>14</td>
<td>$86,592</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $86,592
Total Units: 14
# Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** OH - Canton-Massillon, OH MSA (3901999999)

**Does the applicant request rental assistance funding for less than the area’s per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$355</td>
<td>$355 x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>5 x</td>
<td>$473</td>
<td>$473 x</td>
<td>12</td>
<td>$28,380</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>9 x</td>
<td>$539</td>
<td>$539 x</td>
<td>12</td>
<td>$58,212</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$717</td>
<td>$717 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$916</td>
<td>$916 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$977</td>
<td>$977 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,124</td>
<td>$1,124 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,270</td>
<td>$1,270 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,417</td>
<td>$1,417 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$1,563</td>
<td>$1,563 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$1,710</td>
<td>$1,710 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>14</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$86,592</strong></td>
</tr>
</tbody>
</table>

**Grant Term**

1 Year

**Total Request for Grant Term**

$86,592

Click the 'Save' button to automatically calculate totals.
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $0 |
| Total Value of In-Kind Commitments: | $41,929 |
| Total Value of All Commitments: | $41,929 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Alliance Family H...</td>
<td>08/09/2017</td>
<td>$20,355</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>ACF United Way F...</td>
<td>08/09/2018</td>
<td>$13,176</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Alliance for Chil...</td>
<td>07/29/2019</td>
<td>$8,398</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Alliance Family Health Center
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/09/2017
6. Value of Written Commitment: $20,355

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. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: ACF United Way Financial Literacy & Family Health Program
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/09/2018
6. Value of Written Commitment: $13,176

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.
1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  In-Kind
3. Type of Source:  Private
4. Name the Source of the Commitment:  Alliance for Children & Families
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  07/29/2019
6. Value of Written Commitment:  $8,398

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.
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$86,592</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$68,745</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$155,337</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$12,181</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$167,518</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$41,929</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$41,929</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$209,447</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
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<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Shirene Tapyrik
Date: 08/23/2019
Title: CEO/Executive Director
Applicant Organization: Alliance for Children & Families
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>x</td>
</tr>
<tr>
<td>3B. Description</td>
<td>x</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td>x</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td>x</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td>x</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>x</td>
</tr>
<tr>
<td>6D. Match</td>
<td>x</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Our local CoC approved increasing the administrative budget to 10%. The other budgets were adjusted to accommodate this change. The project was not designed for minors so it was changed to 100% Dedicated, from Dedicated PLUS.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>07/28/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>

Applicant: Alliance for Children & Families  
Project: SOHO PSH 2015  
609962550  
173901  

Renewal Project Application FY2019  
Page 47  
08/26/2019
**1C. SF-424 Application Details**  No Input Required

**1D. SF-424 Congressional District(s)**  08/23/2019

**1E. SF-424 Compliance**  07/28/2019

**1F. SF-424 Declaration**  07/28/2019

**1G. HUD-2880**  07/28/2019

**1H. HUD-50070**  07/28/2019

**1I. Cert. Lobbying**  07/28/2019

**1J. SF-LLL**  07/28/2019

**Recipient Performance**  08/10/2019

**Renewal Expansion**  07/28/2019

**Renewal Grant Consolidation**  07/28/2019

**2A. Subrecipients**  No Input Required

**3A. Project Detail**  07/28/2019

**3B. Description**  07/28/2019

**3C. Dedicated Plus**  08/19/2019

**4A. Services**  07/28/2019

**4B. Housing Type**  07/28/2019

**5A. Households**  07/28/2019

**5B. Subpopulations**  No Input Required

**6A. Funding Request**  07/28/2019

**6C. Rental Assistance**  07/28/2019

**6D. Match**  07/28/2019

**6E. Summary Budget**  No Input Required

**7A. Attachment(s)**  No Input Required

**7A. In-Kind Match MOU Attachment**  No Input Required

**7B. Certification**  08/23/2019

**Submission Without Changes**  08/23/2019
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
If "Other", specify:
3. Date Received: 09/16/2019

4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: OH0534

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:
**1B. SF-424 Legal Applicant**

8. Applicant
   a. Legal Name: Alliance for Children & Families
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1590276

<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
<th></th>
<th>PLUS 4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>609962550</td>
<td>1111</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. Address
   Street 1: 624 Scranton Ave.
   City: Alliance
   County: Stark
   State: Ohio
   Country: United States
   Zip / Postal Code: 44601

e. Organizational Unit (optional)
   Department Name: ACF
   Division Name: Housing

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Shirene
   Middle Name: Starn
   Last Name: Tapyrik
   Suffix: 
   Title: CEO/Executive Director
   Organizational Affiliation: Alliance for Children & Families
   Telephone Number: (330) 821-6332
Extension: 0000
Fax Number: (330) 821-8748
Email: shirene@allianceforchildrenandfamilies.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Ohio
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: SOHO Bonus PSH

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
      (for multiple selections hold CTRL key)
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2020
   b. End Date: 11/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:  Ms.
First Name:  Shirene
Middle Name:  Starn
Last Name:  Tapyrik
Suffix:  
Title:  CEO/Executive Director
Telephone Number:  (330) 821-6332  
(Format: 123-456-7890)
Fax Number:  (330) 821-8748 
(Format: 123-456-7890)
Email:  shirene@allianceforchildrenandfamilies.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  09/16/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Alliance for Children & Families
   Prefix: Ms.
   First Name: Shirene
   Middle Name: Starn
   Last Name: Tapyrik
   Suffix: 
   Title: CEO/Executive Director

   Organizational Affiliation: Alliance for Children & Families

   Telephone Number: (330) 821-6332
   Extension: 0
   Email: shirene@allianceforchildrenandfamilies.org
   City: Alliance
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44601

2. Employer ID Number (EIN): 34-1590276

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $188,853.00

   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

SOHO Bonus PSH 624 Scranton Ave. Alliance Ohio

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? (For further information, see 24 CFR Sec. 4.3).

   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Part III Interested Parties**

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>09/17/2019</td>
</tr>
</tbody>
</table>
reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation in Project/Activity ($) | in Project/Activity (%) |
--- | --- | --- | ---
NA | 0 | NA | $0.00 | 0%

Certification

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

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

I AGREE: XX

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 07/28/2019
### 1H. HUD 50070

**HUD 50070 Certification for a Drug Free Workplace**

**Applicant Name:** Alliance for Children & Families  
**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:

<table>
<thead>
<tr>
<th>Certification/Agreement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>Establishing an on-going drug-free awareness program to inform employees---(1) The dangers of drug abuse in the workplace; (2) The Applicant’s policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>c.</td>
<td>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;</td>
</tr>
<tr>
<td>d.</td>
<td>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will---(1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</td>
</tr>
<tr>
<td>e.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f.</td>
<td>Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted---(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

**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. X

---

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09/17/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik
Suffix:
Title: CEO/Executive Director

Telephone Number: (330) 821-6332
(Format: 123-456-7890)

Fax Number: (330) 821-8748
(Format: 123-456-7890)

Email: shirene@allianceforchildrenandfamilies.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/16/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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: Alliance for Children & Families

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 09/16/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Alliance for Children & Families
Street 1: 624 Scranton Ave.
Street 2: 
City: Alliance
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44601

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik

Suffix:
Title: CEO/Executive Director

Telephone Number: (330) 821-6332
(Format: 123-456-7890)

Fax Number: (330) 821-8748
(Format: 123-456-7890)

Email: shirene@allianceforchildrenandfamilies.org

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

Date Signed: 09/16/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
### Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  
   - **Yes**

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  
   - **No**

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  
   - **Yes**

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  
   - **No**
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

   Yes

2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application?

   Stand-Alone Renewal Expansion

2a. Input the name and grant number of the combined renewal expansion

   Combined Renewal Expansion Project Name: SOHO Bonus Expansion

   combined Renewal Expansion PIN Number: OH0534
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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0534
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: SOHO Bonus PSH

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Does this project include Replacement Reserves? No
3B. Project Description

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

Housing Facilities: The housing will be existing, leased, scattered site 0-bedroom and 1-bedroom rental units.

Program Methodology: SOHO will use the Ansel-Casey and/or SPDAT as a standardized measurement and services plans will be established within 30 days of program entry with the participant's input based on their goals and incorporate services indicated by the Ansel-Casey and/or SPDAT scores. The program uses a strength based service plan, and behavioral techniques rewarding desired behaviors and self-exploration thinking to review poor choices including what options would have been better, focusing on strengths.

Number of Persons to be Served: The program is designed for 15 beds in 15 units, for an annual population of 15 of the most chronic, most vulnerable, and highest priority homeless individuals in Stark County, according to the Stark County Homeless Hotline, as they are the agency responsible for referrals and central intake and assessment. The number served would also appear higher in years when participant(s) move out into permanent housing, upon successful exit(s).

Target Populations: The program will target the most chronically homeless individuals. The target population are traditionally among the most vulnerable and difficult to house due to external and internal barriers. Program applicants must meet HUD's definition of homeless and include chronically homeless with the highest vulnerability, as determined by the central intake and assessment process of the Stark County Homeless Hotline. The target population is expected to have significant issues that have prevented successful entrance into regular housing or successful maintenance of permanent housing.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>X</td>
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<td></td>
</tr>
</tbody>
</table>

Applicant: Alliance for Children & Families

Project: SOHO Bonus PSH

609962550

173902

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Other: criminal history that is a barrier to housing

3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  Yes
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

   2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

   2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. 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:** 15
- **Total Beds:** 15
- **Total Dedicated CH Beds:** 15

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 15
   b. Beds: 15

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 15
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: Scattered site
   Street 2:
   City: Alliance, Canton, Massillon
   State: Ohio
   ZIP Code: 44601

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   390066 Alliance, 390858 Canton, 393114 Massillon
## 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Adults over age 24</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
# 5B. Project Participants - Subpopulations

## Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

## Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>10</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>15</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>7</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

## Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  Yes

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Leased Units  X
   - Leased Structures
   - Rental Assistance
   - Supportive Services  X
   - Operating  X
   - HMIS
6B. Leased Units Budget

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.

<table>
<thead>
<tr>
<th>Total Annual Assistance Requested:</th>
<th>$104,733</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term:</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term:</td>
<td>$104,733</td>
</tr>
<tr>
<td>Total Units:</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH - Canton-Massi...</td>
<td>15</td>
<td>$104,733</td>
<td>$104,733</td>
</tr>
</tbody>
</table>
Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: OH - Canton-Massillon, OH MSA (3901999999)

Leased Units Annual Budget

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Units</strong></td>
<td><strong>15</strong></td>
<td><strong>$104,733</strong></td>
</tr>
</tbody>
</table>

**Grant Term**

| Grant Term | 1 Year | **Total Request for Grant Term** | **$104,733** |

Click the 'Save' button to automatically calculate totals.
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$21,030</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$21,030</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Alliance Family H...</td>
<td>08/23/2019</td>
<td>$21,030</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  In-Kind
3. Type of Source:  Private
4. Name the Source of the Commitment:  Alliance Family Health Center
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  08/23/2019
6. Value of Written Commitment:  $21,030

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.
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$104,733</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$42,518</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$24,434</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$171,685</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$17,168</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$188,853</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$21,030</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$21,030</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$209,883</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
### 7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Shirene Tapyrik
Date: 09/16/2019
Title: CEO/Executive Director
Applicant Organization: Alliance for Children & Families
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

X

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

X
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
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</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
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</tr>
<tr>
<td>3B. Description</td>
<td>X</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
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<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
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<tbody>
<tr>
<td>4A. Services</td>
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<tr>
<td>4B. Housing Type</td>
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<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td>X</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6B. Leased Units</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
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</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Our local CoC approved increasing the administrative budget to 10%. The other budgets were adjusted to accommodate this change. Changing from Dedicated PLUS to 100% Chronic, as this program is not designed to serve minors.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
Applicant: Alliance for Children & Families 609962550
Project: SOHO Bonus PSH 173902

8B Submission Summary

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<td>No Input Required</td>
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<td>5A. Households</td>
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<td>No Input Required</td>
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<td>6A. Funding Request</td>
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<td>No Input Required</td>
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<td>No Input Required</td>
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<td>7A. In-Kind Match MOU Attachment</td>
<td>No Input Required</td>
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<td>08/23/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/19/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:
- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.)
1A. SF-424 Application Type

1. Type of Submission: 
2. Type of Application: New Project Application
   If Revision, select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/18/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
5. Applicant Identifier:
   6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Alliance for Children & Families
   b. Employer/Taxpayer Identification Number
      (EIN/TIN): 34-1590276
   c. Organizational DUNS: 609962550
      PLUS 4: 1111
   d. Address
      Street 1: 624 Scranton Ave.
      City: Alliance
      County: Stark
      State: Ohio
      Country: United States
      Zip / Postal Code: 44601
   e. Organizational Unit (optional)
      Department Name: ACF
      Division Name: Housing
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Shirene
      Middle Name: Starn
      Last Name: Tapyrik
      Suffix: 
      Title: CEO/Executive Director
      Organizational Affiliation: Alliance for Children & Families
      Telephone Number: (330) 821-6332
Extension: 0000
Fax Number: (330) 821-8748
Email: shirene@allianceforchildrenandfamilies.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Ohio
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: SOHO B2

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2020
   b. End Date: 11/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?  
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?  
   No  
   If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik
Suffix: Title: CEO/Executive Director

Telephone Number: (330) 821-6332
(Format: 123-456-7890)
Fax Number: (330) 821-8748
(Format: 123-456-7890)
Email: shirene@allianceforchildrenandfamilies.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/18/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

1G. HUD 2880

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Alliance for Children & Families
   Prefix: Ms.
   First Name: Shirene
   Middle Name: Starn
   Last Name: Tapyrik
   Suffix: 
   Title: CEO/Executive Director

   Organizational Affiliation: Alliance for Children & Families
   Telephone Number: (330) 821-6332
   Extension: 0
   Email: shirene@allianceforchildrenandfamilies.org
   City: Alliance
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44601

2. Employer ID Number (EIN): 34-1590276

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $189,380.00
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.

<table>
<thead>
<tr>
<th>Part I Threshold Determinations</th>
</tr>
</thead>
</table>

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)? No For further information, see 24 CFR Sec. 4.9.

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 09/18/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Alliance for Children & Families

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:

<table>
<thead>
<tr>
<th>a.</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</td>
</tr>
<tr>
<td>e.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f.</td>
<td>Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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.

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.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.  
First Name: Shirene  
Middle Name Starn  
Last Name: Tapyrik  
Suffix:  
Title: CEO/Executive Director  

Telephone Number: (330) 821-6332  
(Format: 123-456-7890)  
Fax Number: (330) 821-8748  
(Format: 123-456-7890)  
Email: shirene@allianceforchildrenandfamilies.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.  
Date Signed: 09/18/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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: Alliance for Children & Families

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 09/18/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

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: Alliance for Children & Families
Street 1: 624 Scranton Ave.
City: Alliance
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44601

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik
Suffix: 
Title: CEO/Executive Director
Telephone Number: (330) 821-6332
(Format: 123-456-7890)
Fax Number: (330) 821-8748
(Format: 123-456-7890)
Email: shirene@allianceforchildrenandfamilies.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/18/2019
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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

This list contains no items
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

ACF has 31+ years of experience (since 1987) administering Federal, State, and locally funded grant programs, including: Emergency Shelter Grants, DOL ACT grants, and the OH Department of Development's (ODOD) Office of Housing and Community Partnerships. ACF has received CDBG funds from Stark County and the City of Alliance and has successfully renewed these grants after receiving positive monitoring reports. HUD grants include CoC grants for TH (2007 to 2016); CoC PSH grants (2010 to the present); State of Ohio NSP 1 (2009); Alliance CDBG (2007 -2015); Stark County CDBG (2009 to present); and OHFA (2009 to present).

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

ACF has been a responsible steward of CDBG, HOME, OHFA (Ohio Housing Finance Agency), FHLB (Federal Home Loan Bank), OCD (Ohio Community Development), and NSP funding sources as evidenced by positive monitoring reports and audits.

Leveraged sources include Alliance Family Health Center, various mental health and substance abuse providers including Coleman, ComQuest, and Phoenix Rising. All of the above named providers accept Medicaid, Medicare, private health insurance and United Way dollars.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

ACF is a non-profit with a volunteer Board of Director's that have on-going oversight of the agency through regularly scheduled board and committee meetings. ACF has an Executive Director/CEO who overseas a staff of 6 full-time employees and 4 part-time employees, including a licensed social worker, a housing quality inspector, and program managers for shelter, and permanent housing. ACF uses an independent part-time CPA employed to oversee manage the agency's financial accounting system. In addition to paid staff, ACF has volunteers both on the board and from the community who provide In-kind consultant services on a need basis. In the past this has included the Executive Directors of the YWCA of Canton and ICAN Housing Solutions, Eden Corporation, Detroit Shoreway, and Corporation for Supportive Housing.
4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?  

No
3A. Project Detail

1a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

1b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

2. Project Name: SOHO B2

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? PSH

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

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

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

8. Does this project include Replacement Reserves? No
3B. Project Description

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

Housing Plan: After acceptance, ACF completes an assessment with each head of household to assist in understanding the participant’s needs and the barriers that led to previous failure with housing. With input of the adult participants, each household has an individualized housing maintenance plan (IHMP), and with participant agreement, adds in recommendations of service professionals. ACF knows that if the participants are driving their respective IHMPs, they will take ownership and engage at a level that will improve reaching success and achieving housing stability. ACF staff work with the participants to aid in overcoming barriers between participant and support service providers.

ACF has followed HUD’s definition of Housing First for PSH since 2010. ACF staff continue to participate in housing first and low barrier training to ensure that staff understand both models and follow the requirements. ACF engages in continuous quality improvement and regularly reviews historical barriers, while also adhering to the lowest threshold of project eligibility criteria. Beginning in late 2017, ACF staff engaged in program reviews to ensure that its existing housing admittance and program practices honored both models, and to examine if there were any unanticipated barriers that could keep applicants from admission into PSH.

ACF Services: Provided services include: IHMP, assessments, life skills, job skills & employment retention training, supported employment, financial literacy & asset building classes, and adult health and wellness education. ACF assists with clothing & shoes, food, cleaning supplies, laundry, transportation, furniture, yoga classes, and holiday gifts.

Outside Services: ACF’s network of providers and the larger community offer: clinical case management, clinical counseling, education, medical care, SNAP nutritional classes, Red Cross First Aid & CPR, prescription assistance, TANF, food stamps, and smoking cessation. ACF provides access to on-site tutoring and non-emergency medical services including immunizations in its clinic and education rooms.

Staff: Program & Housing Manager, CEO, operations, CPA, Health & Wellness Coordinator, Employment Retention Specialist, Independent Living facilitator and agency volunteers including mentors.

Involvement of homeless: A homeless person is included on the ACF board as a voting member and is elected by the tenant council. ACF provides one formerly homeless person with supported employment and housing. ACF offers residents the opportunity to earn rent credits and/or stipends through ACF work such as lawn care, sorting donations, gardening, housekeeping, food distribution, and small painting jobs.
2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

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

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>New project staff hired, or other project expenses begin?</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant enrollment in project begins?</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants begin to occupy leased units or structure(s), and supportive services begin?</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity?</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closing on purchase of land, structure(s), or execution of structure lease?</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation started?</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation completed?</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New construction started?</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New construction completed?</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Will your project participate in a CoC Coordinated Entry Process? Yes

* 4. Please identify the project’s specific population focus.
   (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families</th>
<th>HIV/AIDS</th>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>[ ]</td>
<td></td>
<td>X</td>
<td></td>
<td>[ ]</td>
<td>[ ]</td>
<td>X</td>
</tr>
</tbody>
</table>

Applicant: Alliance for Children & Families 609962550
Project: SOHO B2 173904
Other: Criminal history that is a barrier to housing, physically disabled, low functioning, criminal history that is a barrier to housing. Also, physically disabled and low functioning.

5. Housing First
   a. Will the project quickly move participants into permanent housing Yes
   
   b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

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

   Not applicable

7. Will participants be required to live in a particular structure, unit, or locality, at some

   No
point during the period of participation?

8. Will more than 16 persons live in one structure?  No

Dedicated and 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.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above.  100% Dedicated
3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year’s CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: OH0534
1b. Eligible Renewal Grant Project Name: SOHO Bonus PSH

2. Will this expansion project Increase the number of homeless persons served? Yes

2a. Indicate how the project is proposing to "increase the number of homeless persons served."

<table>
<thead>
<tr>
<th>Current level of effort</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of persons served at a point-in-time</td>
<td>15</td>
</tr>
<tr>
<td># of units</td>
<td>15</td>
</tr>
<tr>
<td># of beds</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New effort</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of additional persons served at a point in time that this project will provide</td>
<td>19</td>
</tr>
<tr>
<td># of additional units this project will provide</td>
<td>14</td>
</tr>
<tr>
<td># of additional beds this project will provide</td>
<td>19</td>
</tr>
</tbody>
</table>

3. Will this Expansion Project bring additional supportive services to homeless persons? No

4. Will this expansion project bring existing facilities up to government health and safety standards? No
4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

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

ACF helps participants obtain and/or remain in permanent housing by starting the process with a good intake and administering the Ansel-Casey. This process enables the participant and case manager to design a supportive service plan that will assist the participant in gaining housing maintenance skills. The participants assist in designing their service plans. ACF maintains strong collaborative partnerships with a variety of service providers. ACF employs a knowledgeable staff that understands the sensitivity needed when working with the ACF target population. Weekly contact and monitoring by the case manager enables early problem identification (prevention instead of postvention).

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

ACF works with participants to apply for SSD and SSI, food stamps, WIC, and Medicaid. All ACF PSH participants are able to use program computers, assisted by program staff, to search Ohio Benefits Bank, and many other service agency for information on applying for and setting appointments including completing on-line applications. Staff is certified OBB trained counselors and are also available to provide technical assistance or tutorials on the equipment. ACF has solid long-term relationships with community based mental health providers, medical doctors, the Stark County Department of Job and Family Services, and other non-profits who provide assistance to the population we serve.
4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? 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:** 14
- **Total Beds:** 19
- **Total Dedicated CH Beds:** 19

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (... )</td>
<td>---</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Scattered-site apartments (... )</td>
<td>---</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 10
   b. Beds: 13

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless?
   13
   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: Various streets
   Street 2:
   City: Canton
   State: Ohio
   ZIP Code: 44709

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)
   390858 Canton, 399151 Stark County
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 4
   b. Beds: 6

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless? 6
   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: Various streets
   Street 2: Massillon
   City: Massillon
   State: Ohio
   ZIP Code: 44646

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)
   393114 Massillon, 399151 Stark County
## 5A. Project Participants - Households

### Households Table

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Households</td>
<td>0</td>
<td>14</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>15</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>4</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>19</td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronicall y Homeless Veterans</th>
<th>Chronicall y Homeless Veterans</th>
<th>Non-Chronicall y Homeless Veterans</th>
<th>Chronic Substanc e Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represent ed by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronicall y Homeless Veterans</th>
<th>Chronicall y Homeless Veterans</th>
<th>Non-Chronicall y Homeless Veterans</th>
<th>Chronic Substanc e Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represent ed by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>15</td>
<td>10</td>
<td>14</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>16</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronicall y Homeless Veterans</th>
<th>Chronicall y Homeless Veterans</th>
<th>Non-Chronicall y Homeless Veterans</th>
<th>Chronic Substanc e Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represent ed by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

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

2. What type of CoC funding is this project applying for in the 2019 CoC Competition?
   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 being requested:
   - Leased Units [X]
   - Leased Structures
   - Rental Assistance
   - Supportive Services [X]
   - Operating [X]
   - HMIS

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

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Assistance Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH - Canton-Massi...</td>
<td>14</td>
<td>$96,960</td>
<td>$96,960</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $96,960
Grant Term: 1 Year
Total Request for Grant Term: $96,960
Total Units: 14
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: OH - Canton-Massillon, OH MSA (3901999999)
<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th>Number of units (Applicant)</th>
<th>FMR (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 months</th>
<th>Total request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$355</td>
<td>x</td>
<td>12 = $0</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$473</td>
<td>x</td>
<td>12 = $0</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>11</td>
<td>$539</td>
<td>$539</td>
<td>12 = $71,148</td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td>3</td>
<td>$717</td>
<td>$717</td>
<td>12 = $25,812</td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td>x</td>
<td>$916</td>
<td>x</td>
<td>12 = $0</td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td>x</td>
<td>$977</td>
<td>x</td>
<td>12 = $0</td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td>x</td>
<td>$1,124</td>
<td>x</td>
<td>12 = $0</td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td>x</td>
<td>$1,270</td>
<td>x</td>
<td>12 = $0</td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td>x</td>
<td>$1,417</td>
<td>x</td>
<td>12 = $0</td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td>x</td>
<td>$1,563</td>
<td>x</td>
<td>12 = $0</td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td>x</td>
<td>$1,710</td>
<td>x</td>
<td>12 = $0</td>
<td></td>
</tr>
<tr>
<td>Total units and annual assistance requested:</td>
<td>14</td>
<td>$96,960</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant term:</td>
<td></td>
<td></td>
<td></td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>Total request for grant term:</td>
<td></td>
<td></td>
<td>$96,960</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
### 6F. Supportive Services Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td>.025 FTE staff with benefits</td>
<td>$1,167</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>.1 FTE with benefits</td>
<td>$3,640</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>.1 FTE</td>
<td>$2,182</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>100 bus passes at $15 each</td>
<td>$1,500</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td>.75 FTE Housing staff with benefits</td>
<td>$36,857</td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td><strong>$45,346</strong></td>
</tr>
</tbody>
</table>

**Grant Term**

1 Year

**Total Request for Grant Term**

$45,346

Click the 'Save' button to automatically calculate totals.
6G. Operating

**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g., .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

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

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

### Eligible Costs

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>Unit repairs, maintenance staff, contractors</td>
<td>$12,660</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>Insurance</td>
<td>$3,066</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td>Emergency security for leased sites</td>
<td>$1,800</td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>electric, gas, water, trash internet</td>
<td>$4,183</td>
</tr>
<tr>
<td>6. Furniture</td>
<td>General furnishings, beds, household, replacement for offices</td>
<td>$3,856</td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td>Replacement due to tenant damage (stove, fridge, AC)</td>
<td>$4,293</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested $29,858

Grant Term 1 Year

Total Request for Grant Term $29,858

Click the 'Save' button to automatically calculate totals.
6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$1,800</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$25,783</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$27,583</td>
</tr>
</tbody>
</table>

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Alliance Family H...</td>
<td>08/23/2019</td>
<td>$25,783</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Alliance for Chil...</td>
<td>08/23/2019</td>
<td>$1,800</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards match?  Yes
2. Type of commitment:  In-Kind
3. Type of source:  Private
4. Name the source of the commitment:  Alliance Family Health Center
   (Be as specific as possible and include the office or grant program as applicable)
   5. Date of Written Commitment:  08/23/2019
   6. Value of Written Commitment:  $25,783

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. Will this commitment be used towards match?  Yes
2. Type of commitment:  Cash
3. Type of source:  Private
4. Name the source of the commitment:  Alliance for Children & Families, Inc.
   (Be as specific as possible and include the office or grant program as applicable)
   5. Date of Written Commitment:  08/23/2019
   6. Value of Written Commitment:  $1,800
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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$96,960</td>
<td>1 Year</td>
<td>$96,960</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$45,346</td>
<td>1 Year</td>
<td>$45,346</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$29,858</td>
<td>1 Year</td>
<td>$29,858</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td>$172,164</td>
<td>1 Year</td>
<td>$172,164</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td>$17,216</td>
<td></td>
<td>$17,216</td>
</tr>
<tr>
<td>9. Total Assistance</td>
<td></td>
<td></td>
<td>$189,380</td>
</tr>
<tr>
<td>Plus Admin Requested</td>
<td></td>
<td></td>
<td>$189,380</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td>$1,800</td>
<td></td>
<td>$1,800</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td>$25,783</td>
<td></td>
<td>$25,783</td>
</tr>
<tr>
<td>12. Total Match</td>
<td></td>
<td></td>
<td>$27,583</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td></td>
<td></td>
<td>$216,963</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7A. In-Kind MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

*Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.*

**Name of Authorized Certifying Official:** Shirene Tapyrik

**Date:** 09/18/2019

**Title:** CEO/Executive Director

**Applicant Organization:** Alliance for Children & Families

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

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**New Project Application FY2019**

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09/19/2019
statements or claims may subject me to criminal, civil, or administrative penalties.  
(U.S. Code, Title 21, Section 1001).

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

X
8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.
<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>09/18/2019</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>09/18/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/19/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>09/18/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/03/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>09/18/2019</td>
</tr>
<tr>
<td>6C. Leased Units</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>6G. Operating</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>6I. Match</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. In-Kind MOU Attachment</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7D. Certification</td>
<td>08/23/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/18/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: OH0534
   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Alliance for Children & Families

b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1590276

c. Organizational DUNS: 609962550

PLUS 4 1111

d. Address
Street 1: 624 Scranton Ave.

City: Alliance
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44601

e. Organizational Unit (optional)
Department Name: ACF
Division Name: Housing

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik
Suffix: 
Title: CEO/Executive Director
Organizational Affiliation: Alliance for Children & Families
Telephone Number: (330) 821-6332
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Ohio
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: SOHO Bonus Expansion

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
      (for multiple selections hold CTRL key)
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2020
   b. End Date: 11/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: X

21. Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name: Starn
Last Name: Tapyrik
Suffix:
Title: CEO/Executive Director
Telephone Number: (330) 821-6332
(Format: 123-456-7890)
Fax Number: (330) 821-8748
(Format: 123-456-7890)
Email: shirene@allianceforchildrenandfamilies.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/18/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

1G. HUD 2880

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name:  Alliance for Children & Families
   Prefix:  Ms.
   First Name:  Shirene
   Middle Name:  Starn
   Last Name:  Tapyrik
   Suffix:  
   Title:  CEO/Executive Director
   Organizational Affiliation:  Alliance for Children & Families
   Telephone Number:  (330) 821-6332
   Extension:  0
   Email:  shirene@allianceforchildrenandfamilies.org
   City:  Alliance
   County:  Stark
   State:  Ohio
   Country:  United States
   Zip/Postal Code:  44601

2. Employer ID Number (EIN):  34-1590276

3. HUD Program:  Continuum of Care Program

4. Amount of HUD Assistance Requested/Received:  $378,233.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

SOHO Bonus Expansion 624 Scranton Ave.
Alliance Ohio

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? (For further information, see 24 CFR Sec. 4.3).

   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Part III Interested Parties**

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>09/19/2019</td>
</tr>
<tr>
<td>reportable financial interest in the project or activity (For individuals, give the last name first)</td>
<td>or Employee ID No.</td>
<td>Participation</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>NA</td>
<td>0</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Certification**

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

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

I AGREE: [X]

**Name / Title of Authorized Official:** Shirene Tapyrik, CEO/Executive Director

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

**Date Signed:** 09/16/2019
**HUD 50070 Certification for a Drug Free Workplace**

**Applicant Name:** Alliance for Children & Families  
**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:

<table>
<thead>
<tr>
<th>Certification</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
</tbody>
</table>
| b. | Establishing an on-going drug-free awareness program to inform employees:
  1. The dangers of drug abuse in the workplace
  2. The Applicant's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. |
| c. | Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; |
| d. | Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will:
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; |
| e. | Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| f. | Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted:
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; |
| g. | Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f. |

**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. 

X
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.
First Name: Shirene
Middle Name Starn
Last Name: Tapyrik
Suffix:
Title: CEO/Executive Director
Telephone Number: (330) 821-6332
(Format: 123-456-7890)
Fax Number: (330) 821-8748
(Format: 123-456-7890)
Email: shirene@allianceforchildrenandfamilies.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/18/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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: Alliance for Children & Families

Name / Title of Authorized Official: Shirene Tapyrik, CEO/Executive Director

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

Date Signed: 09/18/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Alliance for Children & Families
Street 1: 624 Scranton Ave.
Street 2: 
City: Alliance
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44601

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

I certify that this information is true and complete. X
Authorized Representative

Prefix:  Ms.
First Name:  Shirene
Middle Name:  Starn
Last Name:  Tapyrik
Suffix:  
Title:  CEO/Executive Director

Telephone Number:  (330) 821-6332
(Format: 123-456-7890)

Fax Number:  (330) 821-8748
(Format: 123-456-7890)

Email:  shirene@allianceforchildrenandfamilies.org

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

Date Signed:  09/18/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a ‘Combined Renewal Expansion’ project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of an Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

   Yes

2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application?

   Combined Renewal Expansion

2b. Combined Renewal Expansion Table

<table>
<thead>
<tr>
<th>Stand-Alone Renewal or Stand-Alone New</th>
<th>Project Name</th>
<th>Total Requested Amount</th>
<th>PIN Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand-Alone Renewal</td>
<td>SOHO B2</td>
<td>$188,853</td>
<td>OH0534</td>
<td>11/30/2021</td>
</tr>
<tr>
<td>Stand-Alone New</td>
<td>SOHO Bonus Expansion</td>
<td>$189,380</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Combined Renewal Expansion Summary

<table>
<thead>
<tr>
<th>Total Number of Grants in the Combined Renewal Expansion</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Requested Amount in the Combined Renewal Expansion</td>
<td>$378,233</td>
</tr>
</tbody>
</table>

I hereby confirm that I have reviewed the accuracy and submitted all the renewal and new project applications related to this Combined Renewal Expansion request into esnaps and I have attached on Screen 7A the PDF copies of each of the FY 2019 project applications listed above.

Applicant: Alliance for Children & Families 609962550
Project: SOHO Bonus Expansion 180631

Renewal Project Application FY2019 Page 20 09/19/2019
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  
   If "No" click on "Next" or "Save & Next" below to move to the next screen.  
   No
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Expected Sub-Awards: $0

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0534
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: SOHO Bonus Expansion

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Does this project include Replacement Reserves? No
3B. Project Description

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

Housing Plan: After acceptance, ACF completes an assessment with each head of household to assist in understanding the participant’s needs and the barriers that led to previous failure with housing. With input of the participants, each household has an individualized housing maintenance plan (IHMP), and with participant agreement, adds in recommendations of service professionals. ACF knows that if the participants are driving their respective IHMPs, they will take ownership and engage at a level that will improve reaching success and achieving housing stability. ACF staff work with the participants to aid in overcoming barriers between participant and support service providers. The expansion allows the program two adults without children who present as a family, and who do not qualify as single person occupancy or as a family under the HUD definitions. This is a class of adults that would otherwise be left homeless without housing options. The adults may present as a couple or as a parent with an adult child.

ACF has followed HUD’s definition of Housing First for PSH since 2010. ACF staff continue to participate in housing first and low barrier training to ensure that staff understand both models and follow the requirements. ACF engages in continuous quality improvement and regularly reviews historical barriers, while also adhering to the lowest threshold of project eligibility criteria. Beginning in late 2017, ACF staff engaged in program reviews to ensure that its existing housing admittance and program practices honored both models, and to examine if there were any unanticipated barriers that could keep applicants from admission into PSH.

ACF Services: Provided services include: IHMP, assessments, life skills, job skills & employment retention training, supported employment, financial literacy & asset building classes, and adult health and wellness education. ACF assists with clothing & shoes, food, cleaning supplies, laundry, transportation, and furniture.

Outside Services: ACF’s network of providers and the larger community offer: clinical case management, clinical counseling, education, medical care, nutritional classes, Red Cross First Aid & CPR, prescription assistance, TANF, food stamps, and smoking cessation. ACF provides access to on-site non-emergency medical services including immunizations in its clinic and education rooms.

Staff: Program & Housing Manager, CEO, operations, CPA, Health & Wellness Coordinator, Employment Retention Specialist, Independent Living facilitator and agency volunteers including mentors.

Involvement of homeless: A homeless person is included on the ACF board as a voting member and is elected by the tenant council. ACF provides one formerly homeless person with supported employment and housing. ACF offers residents the opportunity to earn rent credits and/or stipends through ACF work
such as lawn care, sorting donations, gardening, housekeeping, food distribution, and small painting jobs.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families with Children</th>
<th>HIV/AIDS</th>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
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</tr>
</tbody>
</table>

Other: criminal history that is a barrier to housing. Also, physical disabilities and low functioning.

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes
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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. 100% Dedicated
### 4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  
   Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?  
   Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?  
   Yes

3a. 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: 29
Total Beds: 34
Total Dedicated CH Beds: 34

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 15
   b. Beds: 15

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   15
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: Scattered site
   - Street 2:
   - City: Alliance, Canton, Massillon
   - State: Ohio
   - ZIP Code: 44601

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   390066 Alliance, 390858 Canton, 393114 Massillon
1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. **Units:** 10
   b. **Beds:** 13

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   13
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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:** Various Streets
   **Street 2:**
   **City:** Canton
   **State:** Ohio
   **ZIP Code:** 44709

5. **Select the geographic area(s) associated with the address:**
   (for multiple selections hold CTRL Key)
   390066 Alliance, 390858 Canton, 393114 Massillon, 399151 Stark County

4B. **Housing Type and Location Detail**

1. **Housing Type:** Scattered-site apartments (including efficiencies)
2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 4
   b. Beds: 6

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 6
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: Various Streets
   Street 2:
   City: Massillon
   State: Ohio
   ZIP Code: 44646

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
   390066 Alliance, 390858 Canton, 393114 Massillon, 399151 Stark County
## 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>25</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>25</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>9</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>34</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>34</td>
<td>0</td>
<td>34</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project Participants - Subpopulations

#### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total Persons</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units X
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS
6B. Leased Units Budget

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.

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH - Canton-Mass...</td>
<td>25</td>
<td>$201,693</td>
<td>$201,693</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $201,693

Grant Term: 1 Year

Total Request for Grant Term: $201,693

Total Units: 25
Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: OH - Canton-Massillon, OH MSA (3901999999)

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>25</strong></td>
<td><strong>$201,693</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td><strong>$201,693</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $0 |
| Total Value of In-Kind Commitments: | $44,135 |
| Total Value of All Commitments: | $44,135 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  
   No

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Alliance Communit...</td>
<td>08/09/2017</td>
<td>$43,460</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>ACF United Way Fi...</td>
<td>08/09/2018</td>
<td>$675</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Alliance Community Health Center
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/09/2017
6. Value of Written Commitment: $43,460

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. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: ACF United Way Financial Literacy
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/09/2018
6. Value of Written Commitment: $675

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.
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$201,693</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$87,864</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$54,292</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$343,849</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$34,384</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$378,233</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$44,135</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$44,135</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$422,368</td>
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</tbody>
</table>

Applicant: Alliance for Children & Families
Project: SOHO Bonus Expansion

<table>
<thead>
<tr>
<th>Applicant: Alliance for Children &amp; Families</th>
<th>609962550</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project: SOHO Bonus Expansion</td>
<td>180631</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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<tr>
<td>1) Subrecipient Nonprofit</td>
<td>No</td>
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<td>Documentation</td>
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<tr>
<td>2) Other Attachment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
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<td></td>
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</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
## 7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  Shirene Tapyrik

**Date:** 09/18/2019

**Title:** CEO/Executive Director

**Applicant Organization:** Alliance for Children & Families
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by
the applicant to submit this Applicant
Certification and to ensure compliance. I am
aware that any false, fictitious, or fraudulent
statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active
System for Award Management (SAM)
registration as required by 2 CFR 200.300(b)
at the time of project application submission
to HUD and will ensure this SAM registration
will be renewed annually to meet this
requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td>X</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td>X</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>X</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td>X</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
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<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6B. Leased Units</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

The local CoC approved an increase in administrative percentage so budgets were modified to reflect reallocation of dollars. The expansion portion enables the program to house two homeless adults who present as a family without children to participate in a CoC program.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
## 8B Submission Summary

**Applicant:** Alliance for Children & Families  
**Project:** SOHO Bonus Expansion

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
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</tbody>
</table>

Renewal Project Application FY2019  
Page 50  
09/19/2019
<table>
<thead>
<tr>
<th>Section</th>
<th>Notes</th>
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<tr>
<td>1C. SF-424 Application Details</td>
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<td>1D. SF-424 Congressional District(s)</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>09/16/2019</td>
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<td>Renewal Expansion</td>
<td>09/17/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>09/18/2019</td>
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<tr>
<td>3A. Project Detail</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>09/18/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>09/17/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>6B. Leased Units</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
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<tr>
<td>7A. In-Kind Match MOU Attachment</td>
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<tr>
<td>7B. Certification</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>09/16/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

   If Revision, select appropriate letter(s):
   
   If "Other", specify:

3. Date Received: 09/17/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Domestic Violence Project, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1263226

c. Organizational DUNS: 147484596  PLUS 4: 0000

d. Address
Street 1: 720 19th Street, NE
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44714

e. Organizational Unit (optional)
Department Name: Domestic Violence Project, Inc.
Division Name:

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Ms.
First Name: Elizabeth
Middle Name:
Last Name: McNeil
Suffix:
Title: Victim Services Program Director
Organizational Affiliation: Domestic Violence Project, Inc.
Telephone Number: (330) 445-2004
Extension:
Fax Number: (330) 445-2007
Email: elizabethm@dvpi.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Ohio
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Rapid Rehousing Program - Full Program - 2019

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 01/01/2020
   b. End Date: 12/31/2019

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:
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: Cheli
Middle Name: 
Last Name: Curran
Suffix: 
Title: Executive Director/CEO

Telephone Number: (330) 445-2001
(Format: 123-456-7890)
Fax Number: (330) 445-2007
(Format: 123-456-7890)
Email: chelic@dvpi.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/17/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Domestic Violence Project, Inc.
   Prefix: Ms.
   First Name: Cheli
   Middle Name: 
   Last Name: Curran
   Suffix: 
   Title: Executive Director/CEO
   Organizational Affiliation: Domestic Violence Project, Inc.
   Telephone Number: (330) 445-2001
   Extension: 
   Email: chelic@dvpi.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44714

2. Employer ID Number (EIN): 34-1263226

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $255,998.00
(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.

<table>
<thead>
<tr>
<th>Part I Threshold Determinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you applying for assistance for a specific project or activity?</td>
</tr>
<tr>
<td>(For further information, see 24 CFR Sec. 4.3).</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence Project, Inc. 720 19th Street NE, Canton Ohio 44714</td>
<td>Grant Award</td>
<td>$213,968.00</td>
<td>Rapid Re-Housing Program</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Part III Interested Parties</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Project Application FY2019</td>
</tr>
</tbody>
</table>
You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in
the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the
assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

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

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Cheli Curran, Executive Director/CEO

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

Date Signed: 09/17/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Domestic Violence Project, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</td>
</tr>
<tr>
<td>e.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f.</td>
<td>Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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...
I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.
First Name: Cheli
Middle Name
Last Name: Curran
Suffix:
Title: Executive Director/CEO
Telephone Number: (330) 445-2001
(Format: 123-456-7890)
Fax Number: (330) 445-2007
(Format: 123-456-7890)
Email: chelic@dvpi.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/17/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant’s Organization: Domestic Violence Project, Inc.

Name / Title of Authorized Official: Cheli Curran, Executive Director/CEO

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

Date Signed: 09/17/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Domestic Violence Project, Inc.
Street 1: 720 19th Street, NE
Street 2:
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44714

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Ms.
First Name: Cheli
Middle Name:
Last Name: Curran
Suffix:

Title: Executive Director/CEO

Telephone Number: (330) 445-2001
(Format: 123-456-7890)

Fax Number: (330) 445-2007
(Format: 123-456-7890)

Email: chelic@dvpi.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/17/2019
2A. Project Subrecipients

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

Total Expected Sub-Awards:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Domestic Violence Project, Inc. (DVPI) has extensive experience successfully administering federal, state and local grants which positions DVPI to effectively implement the proposed Rapid Re-Housing Program. At the federal level, DVPI has successfully implemented a Transitional Housing Grant, awarded to DVPI through the U.S. Department of Justice's Office on Violence Against Women through two, 3 year grant cycles. DVPI was awarded this grant for a third cycle in late 2016. DVPI has also successfully implemented an Emergency Solutions Grant (ESG) for over 10 years. Additionally, DVPI has been a recipient of several state level grants for more than a decade. Some of these grants include the Victims of Crime Act (VOCA) grant administered through the Ohio Attorney General's Office, as well as the Family Violence Prevention & Services (FVPSA) Grant Program and the Violence Against Women Act (VAWA) Grant Program administered by Ohio's Office of Criminal Justice Services. Finally, DVPI receives extensive support through local city and civic grants. DVPI has successfully received and implemented grants from Stark County Mental Health & Addiction Recovery, the Stark Community Foundation, the Sisters of Charity Foundation of Canton, Stark County Job and Family Services, Massillon and Canton Community Development Block Grants, to name a few. DVPI has been a recipient of local United Way funding for over 30 years. In order to remain good stewards of these grants, DVPI maintains high standards of grant compliance across multiple state, federal and funder regulations through strict administrative oversight by quality and experienced staff. DVPI's administrative and leadership team is responsible for the implementation, tracking and compliance to grant regulations, and utilizes their substantial experience in the administration of federal, state and local grants. Grant regulations are included in appropriate DVPI policies and procedures, as well as used to direct data tracking, record keeping, and reporting requirements. DVPI receives an annual independent audit and is frequently visited and audited by grant funders with no findings or irregularities reported.

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

DVPI has extensive experience in leveraging Federal, State, local and private sector funds in a fiscally responsible and financially sound manner. These various funding streams are often braided together to ensure the longevity of funding streams to support programmatic activities. DVPI also has extensive experience leveraging diverse funding streams to appropriately meet match requirements.
3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

DVPI’s structure, outlined by comprehensive bylaws, is led by a voting Board of Trustees. This board meets 10 times per year and is comprised of no less than fifteen (15) or more than twenty five (25) elected Trustees. Elected board officers include a president, vice-president, secretary and treasurer. Trustees participate in the following committees: Executive, Finance, Nominating, Marketing & Fundraising, Personnel, and Strategic Planning. At any meeting of the Board, one-half of the Trustees in office shall constitute a quorum. A meeting with less than a quorum can proceed but any action requiring a vote must be tabled until a quorum is present. DVPI’s Executive Director/CEO, answerable to the Board of Trustees, supervises a Chief Financial Officer, Residential Services Director, Legal Advocacy Director, Victim Services Director, HR/Administrative Director and an Executive Assistant. The Legal Advocacy Director, Victim Services Director and HR/Administrative Director supervise a variety of programmatic activities, advocates and administrative support services. The Residential Services Director supervises all emergency shelter operations, Transitional Housing services, and will supervise the Rapid Re-Housing Program. The Chief Financial Officer supervises an Accounting/Administrative Specialist. All DVPI Directors coordinate with staff and the Executive Director/CEO to ensure the accuracy of reports and program activities. In order to assist in the coordination and accuracy of agency accounting activities, the board Finance Committee review budgets initially prepared by staff, to help develop appropriate procedures for budget preparations and consistency between the budget and the organization's plans, reports to the Board any financial irregularities, concerns, and opportunities, recommends financial guidelines to the Board, receives the auditor's report and responds to the auditor's recommendations, advises the Executive Director/CEO and other appropriate staff on financial priorities and information systems. DVPI utilizes QuickBooks to assist in accounting tracking and functions. DVPI also receives an annual independent audit and is frequently visited and audited by grant funders with no findings or irregularities reported. Appropriate policies and procedures are used to direct data tracking, record keeping, reporting requirements, and are also utilized to ensure an optimal financial accounting system.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?

No
3A. Project Detail

1a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

1b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

2. Project Name: Rapid Rehousing Program - Full Program - 2019

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

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

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

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds? X
3B. Project Description

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

Domestic Violence Project, Inc.’s (DVPI) Rapid Re-Housing Program will provide Rapid Re-Housing and Supportive services to homeless survivors fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions related to violence residing in a DVPI shelter or identified and documented by the Homeless Hotline. DVPI System Advocates will educate DVPI shelter clients on the Rapid Re-Housing Program and assist clients with applying to participate in the program. Once accepted into the program, the Coordinator will meet with the client to discuss barriers to housing, potential housing options and create an individualized service plan outline encompassing the participant's goals to support long term housing stability. As requested by the participant, the Coordinator will assist with searching for housing, with the goal of the participant moving into housing within 1 month of acceptance into the program. Assistance can include both transportation and childcare vouchers or provision, as well as the move in assistance, security deposits, back utilities balances and more. In order to assist participants with obtaining housing immediately and remaining housed, this program will provide up to 12 full months of rent assistance to program participants, on an as needed basis, as well as assistance with utility payments and ongoing supportive services. Both rental assistance and supportive service time limits have the potential for flexibility on program end dates based on client need and circumstances. After the participant obtains housing, the Coordinator will assist the participant in reaching the goals determined in the individualized service plan, as requested by the participant and provide periodic reach out to the participant. The following staff will be involved in the implementation of DVPI's Rapid ReHousing Program. The Executive Director will provide general oversight of all program staff and adherence to grant management and fiscal requirements. DVPI's Chief Financial Officer and DVPI's Accounting/Administrative Specialist will be responsible for general financial grant oversight and expenditure tracking. The HR/Administrative Director will be responsible for overall personnel management and support. The Residential Services Director will supervise all grant activities, as well as the System Advocates and the Rapid Re-Housing Coordinator. System Advocates will educate DVPI shelter clients on the program and assist clients with applying to participate in the program. Finally, the Rapid Re-Housing Coordinator position, will be responsible for maintaining lists of potential housing, screening participants, meeting with clients to identify barriers to housing, assisting with housing searches and providing comprehensive supportive services.

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

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

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>New project staff hired, or other project expenses begin?</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant enrollment in project begins?</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants begin to occupy leased units or structure(s), and supportive services begin?</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity?</td>
<td>90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closing on purchase of land, structure(s), or execution of structure lease?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation started?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation completed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New construction started?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New construction completed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Will your project participate in a CoC Coordinated Entry Process? **Yes**

* 4. Please identify the project’s specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
<td></td>
</tr>
<tr>
<td>Families</td>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>Other (Click 'Save' to update)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Housing First

a. Will the project quickly move participants into permanent housing **Yes**
b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>[x]</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>[x]</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>[x]</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>[x]</td>
</tr>
<tr>
<td>None of the above</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>[x]</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>[x]</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>[x]</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area</td>
<td>[x]</td>
</tr>
<tr>
<td>None of the above</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

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

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No
3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?  No
4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

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

A full-time Rapid Re-Housing Coordinator will meet with each program participant to review the participant’s housing history and evaluate barriers and create an individualized housing plan based on the participant’s goals and needs, focusing on safety planning. Housing options are then reviewed and assistance is given in searching for, obtaining housing, and building relationships with landlords. Assistance is also given with safety planning, connection to benefits, and employment searches to assist in maintaining permanent housing. Assistance with problem solving during emergencies or communicating with a landlord or other social service agencies on the participant’s behalf is also available with written consent. Finally, the Coordinator will be available to meet at a neutral site requested by the participant, and is able to provide transportation personally, or providing bus tickets, as well as connection to free childcare provided by DVPI.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

To assist participants with long term stability, the Coordinator will assist participants with identifying and making appointments with health and social service programs. For employment opportunities, the Coordinator will assist participants with identifying and applying for higher education and skill development opportunities, navigating financial aid, license and other educational requirements, and will assist in considering all safety options and concerns related to pursuing assistance from all other programs.
Participants requesting assistance with obtaining new employment will also receive extensive support services from the Coordinator. The Coordinator will work with the participant in job searches, building a resume, practice interview skills, and skills and goal match employment opportunities to the participants. A computer with internet access will also be available to a participant at the Domestic Violence Project, Inc. (DVPI) location for the participant to use in their job search. Additionally, the Coordinator will assist to access job listings online and maintain a list of employers that work with applicants that may have barriers to employment. The Coordinator will also assisting the participant in considering all safety options and concerns related to pursuing employment. To assist with transportation, the Coordinator will assist by providing transportation or bus tickets for health and social service appointments, job interviews. Program participants will also have access to the Founding Mothers Room to access appropriate interview or work clothing. The Founding Mother's Room is a donation driven store which provides clothing at no cost to DVPI clients in a trauma-informed and dignified manner. The Coordinator will also assist participants with acquiring specialized employment needs such as specific clothing or tools. The participant will have access to free childcare provided by DVPI or childcare vouchers, while a participant searches for employment, meets with the Coordinator, or attends interviews or employment or skill development appointments. The Coordinator will present all employment and skill development options and assistance available to each participant to given them as many options as possible.

Finally, participants will have access to on-site employment workshops, guidance, and support offered by OhioMeansJobs Stark County (OMJSC) and Goodwill's Pre-employment and Job Placement services. Given the fact that many program participants will be actively stalked by their abusers, providing as many on-site supportive services at DVPI's Administrative building as possible, supports participants in a secure environment without concern of exposure to their abuser. The Coordinator will continue to utilize these collaborations and resources to best support program participants with employment needs.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>
5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  
Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?  
Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?  
Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.  
No
4B. Housing Type and Location

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

Total Units: 16
Total Beds: 48

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>16</td>
<td>48</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 16
   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: P.O. Box 9459
   Street 2: 
   City: Canton
   State: Ohio
   ZIP Code: 44711-9459

*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)

   390858 Canton, 393114 Massillon
### 5A. Project Participants - Households

#### Households Table

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number of Households</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>11</td>
<td>5</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>27</td>
<td>2</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>43</td>
<td>5</td>
<td>0</td>
<td>48</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

**Persons in Households with at Least One Adult and One Child**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronicall y Homeless Non-Veterans</th>
<th>Chronicall y Homeless Veterans</th>
<th>Non-Chronicall y Homeless Veterans</th>
<th>Chronic Substanc e Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represent ed by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>43</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

**Persons in Households without Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronicall y Homeless Non-Veterans</th>
<th>Chronicall y Homeless Veterans</th>
<th>Non-Chronicall y Homeless Veterans</th>
<th>Chronic Substanc e Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represent ed by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

**Persons in Households with Only Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronicall y Homeless Non-Veterans</th>
<th>Chronicall y Homeless Veterans</th>
<th>Non-Chronicall y Homeless Veterans</th>
<th>Chronic Substanc e Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represent ed by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Domestic Violence Project, Inc.  34-1263226
Project: Rapid Rehousing Program - Full Program - 2019  179082

New Project Application FY2019  Page 32  09/17/2019
6A. Funding Request

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

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

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

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

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is being requested:
   - Rental Assistance X
   - Supportive Services X
   - HMIS

6. If awarded, will this project require an initial grant term greater than 12 months? No
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.

<table>
<thead>
<tr>
<th>Total Request for Grant Term:</th>
<th>$147,972</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Units:</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>OH - Canton-Massillon, OH MSA (390199...)</td>
<td>16</td>
<td>$147,972</td>
</tr>
</tbody>
</table>

Applicant: Domestic Violence Project, Inc. 34-1263226
Project: Rapid Rehousing Program - Full Program - 2019

Page 34
09/17/2019
**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:** OH - Canton-Massillon, OH MSA (3901999999)

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$355</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$473</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>3</td>
<td>$539</td>
<td>x</td>
<td>12</td>
</tr>
</tbody>
</table>

New Project Application FY2019  Page 35  09/17/2019
### Total Units and Annual Assistance Requested

<table>
<thead>
<tr>
<th>Bedrooms</th>
<th>Units</th>
<th>Monthly Assistance</th>
<th>Total Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>6</td>
<td>$717 x 12</td>
<td>$51,624</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>$916 x 12</td>
<td>$76,944</td>
</tr>
<tr>
<td>4</td>
<td>x</td>
<td>$977 x 12</td>
<td>$0</td>
</tr>
<tr>
<td>5</td>
<td>x</td>
<td>$1,124 x 12</td>
<td>$0</td>
</tr>
<tr>
<td>6</td>
<td>x</td>
<td>$1,270 x 12</td>
<td>$0</td>
</tr>
<tr>
<td>7</td>
<td>x</td>
<td>$1,417 x 12</td>
<td>$0</td>
</tr>
<tr>
<td>8</td>
<td>x</td>
<td>$1,563 x 12</td>
<td>$0</td>
</tr>
<tr>
<td>9</td>
<td>x</td>
<td>$1,710 x 12</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 16

**Total Request for Grant Term:** $147,972

---

Click the 'Save' button to automatically calculate totals.
# 6F. Supportive Services Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td>$90/unit @ 16 units</td>
<td>$1,440</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>includes wages, benefits and taxes for RRH Coordinator: $15/hr, health, life, and disability insurance, FICA &amp; WC taxes</td>
<td>$41,948</td>
</tr>
<tr>
<td>4. Child Care</td>
<td>$130.50/month/unit x 12 months @ 11 units</td>
<td>$17,226</td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td>$45.50/month/unit x 12 months @ 16 units</td>
<td>$8,732</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td>$500/unit @ 16 units</td>
<td>$8,000</td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>$40/month/unit x 12 months @ 16 units</td>
<td>$7,680</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Annual Assistance Requested** $85,026

**Grant Term** 1 Year

**Total Request for Grant Term** $85,026

Click the 'Save' button to automatically calculate totals.
6l. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$64,713</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$64,713</td>
</tr>
</tbody>
</table>

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>In Kind Match</td>
<td>08/23/2019</td>
<td>$64,713</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards match? Yes

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: In Kind Match
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/23/2019

6. Value of Written Commitment: $64,713

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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$147,972</td>
<td>1 Year</td>
<td>$147,972</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$85,026</td>
<td>1 Year</td>
<td>$85,026</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td>$232,998</td>
<td></td>
<td>$232,998</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td>$23,000</td>
<td></td>
<td>$23,000</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td>$255,998</td>
<td></td>
<td>$255,998</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td>$64,713</td>
<td></td>
<td>$64,713</td>
</tr>
<tr>
<td>12. Total Match</td>
<td>$64,713</td>
<td></td>
<td>$64,713</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td>$320,711</td>
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<td>$320,711</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7A. In-Kind MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

*Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.*

**Name of Authorized Certifying Official:** Cheli Curran

**Date:** 09/17/2019

**Title:** Executive Director/CEO

**Applicant Organization:** Domestic Violence Project, Inc.

**PHA Number (For PHA Applicants Only):**

<table>
<thead>
<tr>
<th>I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

**New Project Application FY2019**
statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

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

Applicant: Domestic Violence Project, Inc. 34-1263226
Project: Rapid Rehousing Program - Full Program - 2019 179082
8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>09/11/2019</td>
</tr>
<tr>
<td>6E. Rental Assistance</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>6l. Match</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. In-Kind MOU Attachment</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7D. Certification</td>
<td>08/23/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/22/2019
4. Applicant Identifier:
5a. Federal Entity Identifier: 
5b. Federal Award Identifier: OH0296
   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State: 
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: ICAN Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1575839
   c. Organizational DUNS:

   d. Address
      Street 1: 1214 Market Ave N
      Street 2:
      City: Canton
      County: Stark
      State: Ohio
      Country: United States
      Zip / Postal Code: 44714

   e. Organizational Unit (optional)
      Department Name:
      Division Name:

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mrs.
      First Name: Natalie
      Middle Name:
      Last Name: McCleskey
      Suffix:
      Title: Director of Development & Housing Compliance
      Organizational Affiliation: ICAN Inc.
      Telephone Number: (330) 455-9100
Extension: 150
Fax Number: (330) 455-4702
Email: nataliem@ican-inc.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Ohio
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Cherry Grove

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
      (for multiple selections hold CTRL key)
   b. Project: OH-007
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 03/01/2019
   b. End Date: 02/28/2020

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
     f. Program Income:
    g. Total:
1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Julie
Middle Name:
Last Name: Sparks
Suffix:
Title: Executive Director
Telephone Number: (330) 455-9100
(Format: 123-456-7890)
Fax Number: (330) 455-4702
(Format: 123-456-7890)
Email: julies@ican-inc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: ICAN Inc.
   Prefix: Ms.
   First Name: Julie
   Middle Name:
   Last Name: Sparks
   Suffix:
   Title: Executive Director

Organizational Affiliation: ICAN Inc.
Telephone Number: (330) 455-9100
Extension:
   Email: julies@ican-inc.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44714

2. Employer ID Number (EIN): 34-1575839
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $145,679.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:
Cherry Grove 1214 Market Ave N Canton Ohio

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? (For further information, see 24 CFR Sec. 4.3).
Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio Development Services Agency, 77 S. High Street, Columbus, OH 43215</td>
<td>Grant</td>
<td>$14,338.00</td>
<td>Cherry Grove - Utilities</td>
</tr>
<tr>
<td>Ohio Development Services Agency, 77 S. High Street, Columbus, OH 43215</td>
<td>Grant</td>
<td>29961.0</td>
<td>Shelter Plus Care and West Park - Maintenance, Utilities</td>
</tr>
<tr>
<td>Stark Mental Health &amp; Addiction Recovery, 121 Cleveland Ave SW, Canton, OH 44702</td>
<td>Grant</td>
<td>$185,000.00</td>
<td>Shelter Plus Care and West Park - Supportive Services; Peer Support; Employment Salary; Benefits and Travel</td>
</tr>
</tbody>
</table>

Part III Interested Parties

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

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Julie Sparks, Executive Director

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

Date Signed: 08/01/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: ICAN Inc.
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

| a. | Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. |
| b. | Establishing an on-going drug-free awareness program to inform employees —— *(1) The dangers of drug abuse in the workplace* *(2) The Applicant's policy of maintaining a drug-free workplace* *(3) Any available drug counseling, rehabilitation, and employee assistance programs* and *(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.* |
| c. | Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; |
| d. | Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —— *(1) Abide by the terms of the statement; and* *(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;* |
| e. | Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| f. | Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted —— *(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or* *(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;* |
| g. | Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f. |

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

Applicant: ICAN Inc.
Project: Cherry Grove
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.
First Name: Julie
Middle Name
Last Name: Sparks
Suffix:
Title: Executive Director
Telephone Number: (330) 455-9100
Fax Number: (330) 455-4702
Email: julies@ican-inc.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant’s Organization: ICAN Inc.

Name / Title of Authorized Official: Julie Sparks, Executive Director

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

Date Signed: 08/22/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

- No

Legal Name: ICAN Inc.
Street 1: 1214 Market Ave N
Street 2: 
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44714

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Ms.
First Name: Julie
Middle Name:
Last Name: Sparks
Suffix:
Title: Executive Director

Telephone Number: (330) 455-9100
(Format: 123-456-7890)

Fax Number: (330) 455-4702
(Format: 123-456-7890)

Email: julies@ican-inc.org

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

Date Signed: 08/22/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  
   If "No" click on "Next" or "Save & Next" below to move to the next screen.

   No
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0296
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: Cherry Grove

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

   7. Does this project include Replacement Reserves? No
3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Our community needs housing for homeless persons with severe mental illness who have been unable or unwilling to participate in housing or supportive services. Cherry Grove provides permanent housing and supportive services to that target population. Eligible applicants must come from places not meant for habitation, “the street”, or emergency shelter. The local Coordinated Entry System is conducted by HMIS Homeless Hotline. ICAN serves on the CoC Coordinated Entry System Committee and utilizes the central process approved by the CoC to fill vacant units. In compliance with the local CoC Coordinated Entry System policies and procedures, chronically homeless persons with the most severe need will be placed higher on the prioritization/referral list. First priority will be given to chronically homeless persons with the longest history of homelessness and with the most severe service needs. Consistent with the Housing First approach, ICAN overlooks history of evictions, poor financial history, minor criminal convictions, substance abuse issues, client behaviors caused by symptoms of mental illness, and other traditional barriers to house clients quickly.

Cherry Grove serves 20 residents at one location. Each resident has an individual bedroom and bathroom. Every two residents share kitchens and sitting rooms in 10 suites. Two common rooms and two patios provide community space. ICAN Housing contracts for third-party security services. Stark Mental Health and Addiction Recovery (SMHAR) Board contracts with Coleman Professional Services (CPS) to provide 24-hour staffing and services. CPS on-site recovery coaches encourage residents to link to mainstream services. CPS provides a Site Supervisor to coordinate services with case managers from several mental health agencies to complete and implement housing plans that promote housing stability. Residents work with CPS and ICAN staff to correct lease violations. ICAN Housing requires CoC funding to pay for building operating expenses, program operations and on-site security.

CPS staff and mental health case managers facilitate connection to benefits. New residents at Cherry Grove generally do not have income. ICAN will continue to develop plans to assist residents in accessing income and benefits earlier in their tenancy at Cherry Grove.

2. Does your project have a specific Yes
population focus?

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
</tbody>
</table>
3d. Does the project follow a "Housing First" approach?  

<table>
<thead>
<tr>
<th>None of the above</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

N/A
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Case Management</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared housing</td>
<td>---</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

Total Units: 20
Total Beds: 20
Total Dedicated CH Beds: 0
4B. Housing Type and Location Detail

1. Housing Type:  Shared housing

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  20
   b. Beds:  20

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   0
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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:  830 Cherry Ave.NE
   Street 2:  
   City:  Canton
   State:  Ohio
   ZIP Code:  44702

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   390858 Canton, 399151 Stark County
This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>20</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**Persons in Households with at Least One Adult and One Child**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronically Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Persons in Households without Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronically Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>17</td>
<td>0</td>
<td>1</td>
<td>11</td>
<td>1</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>19</td>
<td>0</td>
<td>1</td>
<td>11</td>
<td>1</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

**Persons in Households with Only Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronically Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? Yes

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $20,000 |
| Total Value of In-Kind Commitments: | $16,420 |
| Total Value of All Commitments: | $36,420 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

Program Income will be generated from occupancy charges paid to ICAN Inc. by the participants that does not exceed the highest of: a) 30% of the family’s monthly adjusted income; or b) 10% of the family’s monthly gross income.

1b. Estimate the amount of program income that will be used as Match for this project: $10,000

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>ICAN, Inc.-tenan...</td>
<td>07/24/2019</td>
<td>$10,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>ICAN, Inc. - ODSA...</td>
<td>07/24/2019</td>
<td>$10,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Coleman Professio...</td>
<td>07/24/2019</td>
<td>$16,420</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match?   Yes
2. Type of Commitment:   Cash
3. Type of Source:   Private
4. Name the Source of the Commitment:   ICAN, Inc.- tenant rents
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:   07/24/2019
6. Value of Written Commitment:   $10,000

Sources of Match Detail

1. Will this commitment be used towards Match?   Yes
2. Type of Commitment:   Cash
3. Type of Source:   Government
4. Name the Source of the Commitment:   ICAN, Inc. - ODSA Grant
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:   07/24/2019
6. Value of Written Commitment:   $10,000

Sources of Match Detail

1. Will this commitment be used towards Match?   Yes
2. Type of Commitment:   In-Kind
3. Type of Source:   Private
4. Name the Source of the Commitment:   Coleman Professional Services
   (Be as specific as possible and include the office or grant program as applicable)
office or grant program as applicable)

5. Date of Written Commitment: 07/24/2019

6. Value of Written Commitment: $16,420

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.
6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$35,827</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$96,741</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$132,568</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$13,111</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$145,679</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$20,000</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$16,420</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$36,420</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$182,099</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Cherry Grove - Ma...</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:  Cherry Grove - Match Letter of Commitment

Attachment Details

Document Description:
7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td>MOU - Cherry Grove</td>
<td>08/21/2019</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: MOU - Cherry Grove Services
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  Julie Sparks  
**Date:**  08/22/2019  
**Title:**  Executive Director  
** Applicant Organization:**  ICAN Inc.
PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
# Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  
   No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  
   Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

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<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
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<td>3A. Project Detail</td>
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<td>3B. Description</td>
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<td>3C. Dedicated Plus</td>
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<th>Part 4 - Housing Services and HMIS</th>
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<td>4B. Housing Type</td>
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<th>Part 5 - Participants and Outreach Information</th>
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<td>5A. Households</td>
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<td>5B. Subpopulations</td>
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<th>Part 6 - Budget Information</th>
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<td>6D. Match</td>
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<td>6E. Summary Budget</td>
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<th>Part 7 - Attachment(s) &amp; Certification</th>
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The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3B - Updating Housing First criteria.
6D - Updating match commitment date.
6E - ICAN increased the Admin Budget Line Item and decreased the Supportive Services Line Item slightly on the GIW for FY'19, while keeping the Admin below 10%. Changes made align with the FY'19 GIW.
7A - Uploading In-Kind Match MOU

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
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<td>1D. SF-424 Congressional District(s)</td>
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<td>Submission Without Changes</td>
<td>08/21/2019</td>
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July 24, 2019

Re: Match Commitment – Cherry Grove FY’19

To Whom It May Concern:

ICAN, Inc. dba ICAN Housing commits to providing $20,000 in cash match and $16,420 of in-kind match from ICAN’s partner service provider to meet the match requirement for the Cherry Grove HUD Continuum of Care FY’19 grant. The In-Kind Match will be documented via a Memorandum of Understanding and letter confirming the amount and dates of service. These match sources will total the $36,420 match requirement.

The funds will be available during the grant term from 3/1/2020 through 2/28/2021.

Sincerely,

Julie Sparks
Executive Director
MEMORANDUM OF UNDERSTANDING
BETWEEN ICAN, COLEMAN PROFESSIONAL SERVICES AND THE MENTAL
HEALTH AND RECOVERY SERVICES BOARD STARK COUNTY

I. BACKGROUND AND INTENT

This agreement for services entered into July 1, 2015 is between ICAN Inc. (ICAN), a nonprofit corporation, Coleman Professional Services (CPS), and the Mental Health & Recovery Services Board of Stark County (MHRSB).

WHEREAS, the sole purpose of this Memorandum of Understanding is to encourage cooperation between ICAN, CPS and MHRSB to define the separate and distinct roles and responsibilities of each party in order to provide evidenced based supportive housing;

WHEREAS, ICAN owns a 20-unit apartment building at 830 Cherry Street Canton, Ohio, also known as Basic Accommodations, which contains 20 Single Room Occupancy units of housing for very low-income single adults who are homeless;

WHEREAS, ICAN will be providing housing funded in part by the Department of Housing and Urban Development (HUD) Safe Haven program (Continuum of Care) that serves hard-to-reach homeless persons with severe mental illness that has been diagnosed by a qualified mental health professional;

WHEREAS, ICAN understands that persons with severe mental illness require a set of services which are unique and specialized and the coordination of supportive services is critical to helping the tenants of Basic Accommodations to live successfully;

WHEREAS, CPS agrees to provide supportive services to all tenants who are very low-income, homeless persons residing at Basic Accommodations and has trained and experienced staff who work with persons who are disabled by severe mental illness, experience other behavioral health challenges which may be complicated by drug/alcohol abuse disorders.

WHEREAS, it is understood that CPS does not plan to offer full-service case management, they will assist those tenants in need of these services in linking with appropriate providers;

WHEREAS, tenants of Basic Accommodations will be responsible for maintaining their personal care i.e. meals, personal hygiene and clean and sanitary units;

WHEREAS, tenants voluntarily participate in the services provided by CPS or any other available community based services;

WHEREAS, ICAN provides property and asset management services and maintains the property;

WHEREAS, MHRSB and ICAN provide funding to support the provision of evidence-supported, recovery oriented, on-site supportive services at Basic Accommodations for our hardest to serve individuals;
Therefore, ICAN, CPS and MHRSB agree that it is in the best interests of all concerned to enter into this Memorandum of Understanding.

II. DEFINITIONS

For the purposes of this Memorandum of Understanding:

A “safe haven model” is defined as “a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services.”

The safe haven target service group is defined as that segment of the homeless population that has severe mental illness and may have a history of resistance to mental health treatment. They also frequently have a secondary disorder of dependence on controlled substances or alcohol. They generally have experienced barriers to securing safe affordable independent housing because they have not stabilized in previous housing situations. The services associated with the property are designed to address the unique characteristics of this population.

The length of stay for a safe haven is determined by the unique needs of the individual with the goal of ultimately moving to permanent housing. HUD specifically defines the length of stay as “indefinite duration.” A safe haven provides a highly supportive, low demand environment where an individual can recover from the trauma of street homelessness. The desired outcome for the tenants is that they will move into permanent housing after stabilizing.

HUD’s definition of “very low income” is defined as households with incomes 50% or below the median income for Stark County. It is intended that this definition be consistent with HUD’s definition of very low income.

This Memorandum of Understanding relies on HUD’s definition of homelessness and other eligibility criteria to determine eligibility for a safe haven. To be eligible for a safe haven, a person must have a severe mental illness, be considered unable or unwilling to participate in supportive services, and meet one of the following descriptions:

An individual with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground.

An individual in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or federal, state, or local government programs for low-income individuals).

An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution. However, for the purpose of eligibility for a safe haven, individuals leaving institutions that would be considered “participation in supportive services” would not be eligible.

For the purposes of this Memorandum of Understanding, "supportive services" means services provided to tenants for the purpose of enhancing the tenants' ability to obtain and maintain independent housing. Supportive services must address the special needs of the residents to be served. These services may include: (a) medical, behavioral health, alcohol and other drug treatment; (b) benefits advocacy and income support assistance such as SSI, food stamps, BVR; Social Security; (c) money management and
payee services; (d) nutritional counseling; and (e) assistance in obtaining other resources and support for tenants such as transportation, employment and vocational training. These services may be provided directly, coordinated with other community based services or by arrangement with other service providers.

III. ELIGIBILITY DETERMINATIONS

Tenants will be selected based on criteria developed by ICAN, CPS, and MHRSB. Selection of tenants for Basic Accommodations will not rely solely on traditional property management standards; standards will be established that reflect a commitment to housing individuals who are homeless, are hard to engage, have severe mental illness or dual diagnosis, and are very low income. Potential tenants will undergo a two-stage screening process: the prospective tenant will be evaluated by ICAN to determine if s/he meets the HUD income eligibility and homelessness guidelines. CPS will utilize a housing assessment tool to assess whether the prospective tenant’s housing level of care needs correspond with level of care provided at Basic Accommodations as set by the eligibility guidelines. All parties will respect and seek input from each other and work to make a collaborative decision regarding tenant selection. In the event an individual does not meet criteria for Basic Accommodations ICAN and/or CPS will work with the individual, family, case manager and/or other support provider(s) to provide suggestions for housing that will meet the individual’s needs and preferences for the individual.

The MHRSB is committed to the following guiding principles for all the housing programs that it supports financially:

- Housing programs should be welcoming, recovery oriented, integrated, trauma informed, developmentally appropriate and culturally competent.
- Housing programs, by policy or practice, should not be dependent upon the customer’s acceptance of treatment or other services
- Housing programs should support the customer’s ability to remain in their homes throughout all stages of their individualized treatment journeys is an essential component of recovery.
- Housing programs that accepts and supports a customer’s need for different types of housing and supports throughout the lifetime are more effective.
- Housing programs that operate and maintain high quality permanent supportive housing projects include ongoing quality assurance and financial viability; understand the importance of working with tenants with diverse needs and work in partnership with treatment and recovery support providers, achieve best outcomes.
- Service and property management strategies should include effective coordinated approaches for addressing issues resulting from mental health crisis, substance use and relapse with a focus on fostering housing stability.
- Housing programs should be easily accessible to the customers who need them and should continually focus on ways to reducing barriers and increasing access.
- Housing programs that actively participate and incorporate the seven Dimensions of Quality for Permanent Supportive Housing as referenced by the Corporation for Supportive Housing are most effective.
- Housing programs should have well defined partnership agreements that include property/asset managers, service providers and tenants and should be collaborative in nature and practice.

IV. ROLES AND RESPONSIBILITIES

It is understood that ICAN, CPS and MHRSB must work together as a team to meet the needs of the tenants effectively. However, the parties to this agreement understand their separate and distinct responsibilities. CPS agrees to provide supportive services, ICAN agrees to its roles as the owner and
manager of the property, MHRSBS agrees to its role as a major funder and the body responsible for effective behavioral health services and additional supports such as housing supports, employment for low-income residents of Stark County. Together they understand that tenant and client rights are respected and complied with not only as a matter of principle, but as a matter of practice.

It is understood that CPS’s role will be the on-site service provider and ICAN’s role will be that of landlord dealing with tenant issues. The MHRSB proactively provides training and consultation to assure that all services funded by it reflect the above guiding principles. The MHRSB also responds to client complaints and grievances that come before it and assures that there is resolution to the complaint or grievance in collaboration with the consumer and our provider agencies.

ICAN, CPS and MHRSB agree to advise one another of relevant matters in the referral, placement, eviction process and during occupancy by tenants and understand that each is bound by confidentiality standards regarding the exchange of client information. Appropriate releases will be secured when confidential client information needs to be shared.

Role of Coleman Professional Services

CPS agrees to assign sufficient staff to cover Basic Accommodations. Staff will be scheduled to cover 24 hours/day/365 days a year. Recovery coaches, where necessary and appropriate, will encourage each tenant to obtain his/her own individual case manager or other services offered by the MHRSBS contract agencies.

Role of ICAN

ICAN will be responsible for the overall operations of Basic Accommodations including specified janitorial duties, maintenance, repairs and other related services. Such activities and responsibilities will be carried out by staff employed by ICAN or other entities contracted by ICAN.

V. SCOPE OF SERVICES

Coleman Professional Services

A. The Director of BH and Residential or designee, will be responsible for coordinating the delivery of services for both CPS and other providers. These services include but are not limited to:

1. Provide community and social service linkage to tenants upon request or as needed;

2. Assist in developing the tenant screening criteria;

3. Assist ICAN in screening all potential tenants, specifically, assessing tenants’ ability to live independently;

4. Provide new tenant orientation that addresses such things but not limited to getting familiar with the building, location of laundry and kitchen facilities, common areas, staff locations, and tenant rules. Orientation will also address tenant meetings, building community events, health and safety drills, and practicing evacuation routes provided by ICAN staff.

5. It is understood that CPS does not plan to offer full-service CPST by the recovery coaches. Those in need of these services will be linked with appropriate providers, where such resources exist.
6. Engage the tenant, conduct an initial assessment and develop an individual service plan for each tenant, including annual updates of the service plan or as the needs of the tenant changes.

7. Individualized service plans will address short term and long term goals, objectives, interventions and activities that will help tenants focus on successfully maintaining their housing and exit strategies that support the achievement of long term permanent housing.

8. Recovery coaches will advocate for tenants based on his/her housing needs, desires and preferences. This will in part, be accomplished by coordination and consultation with community based services providers.

9. Refer tenants when needed or upon request, to treatment services or other needed social services in the community.

10. Provide crisis intervention and de-escalation as needed with guidelines for notification of CPST, law enforcement, emergency medical services and Crisis Recovery Intervention services.

11. Proactively work with ICAN and MHRSB to develop strategies to avoid household disputes up to and including mediation.

12. Assist tenants in understanding their rights and responsibilities under the Ohio Department of Mental Health (ODMH) client rights and responsibilities as well as accessing the client rights officers at CPS, ICAN or MHRSB and/or as specified in the ODMH standards.

13. Work with tenants and ICAN to maintain a clean, orderly and sanitary environment. Staff will be responsible for maintaining cleanliness of the common areas up to and including but not limited to the removal of trash, clean up of minor spills and accidents.

B. It is understood that referrals and other services will be made available to all Basic Accommodations tenants. CPS will take no action in making referrals or providing services without the agreement of the individual except when it appears, in their judgment, necessary to do so to protect the individual or others from serious harm.

C. Provide the following administrative services:

1. Keep all records regarding program supportive services as required by CPS policy or as required by funders, including MHRSB, HUD and the Ohio Department of Development, office of Community Development.

2. Maintain confidentiality, and obtain and maintain required release of information for tenants.

3. Assist in the development of House Rules with the tenants and ICAN.

4. Develop a Tenant Council with scheduled meeting times.

5. Communicate with ICAN staff to report on progress of tenants, development of proactive eviction prevention interventions, and tenant movement to other housing.
6. Meet with ICAN and MIHRSB to communicate progress, problem solve, and proactively plan.

7. Complete all reports required by the MIHRSB, HUD, Ohio Department of Development, Office of Community Development or any other funding body.

8. Develop and implement a resident satisfaction survey at least annually.

9. Offer training opportunities for ICAN staff that might include but not limited to evidenced based practices like supportive housing.

D. CPS agrees to additionally provide the following services to individuals covered under this agreement:

1. Encourage supportive activities which will help clients develop the skills, information and abilities needed to utilize the resources of the Basic Accommodations community as well as the larger community, including family, friends, jobs and school.

2. Facilitate access to treatment services for health services, social services and physical health needs. This might include referral and advocacy to either Case Management or any other service, agency or program.

3. Help tenants use public transportation or refer to services that teach bus training.

4. Help tenants access pre-vocational and vocation/employment assistance, peer counseling, substance abuse counseling, special needs skills training, and /or One Stop.

ICAN

ICAN is the developer and owner of Basic Accommodations and also serves as the property manager. ICAN will be responsible for asset management and overseeing the ongoing repair, maintenance, management and operation of Basic Accommodations.

ICAN will directly:

A. Ensure that all regulatory and funding requirements are met.

B. Prepare all budgets and cost estimates related to Basic Accommodations, excluding budgets related to the provision of social services.

C. Arrange for liability and property insurance for Basic Accommodations.

D. Pay all taxes associated with Basic Accommodations.

E. Determine eligibility of tenants related to HUD requirements

F. Conduct an orientation with new tenants regarding the provisions of the lease, house rules, rent determination, rent payment and general obligations of occupancy. Conduct exit interviews and final unit inspections with tenants vacating the property.
G. Pay project bills for which it is the responsible party.

H. Provide monthly financial reports and any other required information for regulatory and funding agencies.

I. Maintain a fully leased building with the assistance of CPS. A move out inspection will be conducted within three days and ICAN will estimate the extent of repairs needed and the time it will take to perform. ICAN will work with CPS for a turnaround time of units of 14 calendar days with consideration of the time to make required repairs to units. Should the turnaround time be expected to exceed 14 calendar days, ICAN will notify the Program Coordinator at MHRSB, ask for an extension approval, and provide details of why an extension is needed.

J. Calculate tenant rents and conduct rent recertifications according to HUD and ODOD requirements.

K. Carry out rent collection and administration.

L. Oversee tenant relations with respect to:
   - Tenant Notices
   - Evictions
   - Development and enforcement of house rules, policies and procedures; This will be done in collaboration with the service provider and the tenants.

M. Provide building and equipment maintenance and repair, keep all electrical, plumbing, heating and ventilation in working order, and maintain appliances and furnishings belonging to the apartment.

N. Keep the building safe and sanitary by complying with the local housing, health and safety codes and provide and maintain smoke alarms and fire extinguishers.

O. Provide security such as security staffing, camera systems, and alarm systems.

P. Provide janitorial services and maintain the cleanliness of common areas; and scheduled cleaning when units turn over or as scheduled at least annually.

Q. Attend tenant council meetings and other activities to promote tenant input and community building.

R. Communicate with CPS staff to confer on positive progress of tenants, pending tenant movement address tenant behaviors that could jeopardize their housing stability, and tenant movement to other housing.

S. Maintain confidentiality, obtain and maintain required releases of information for resident.

T. Meet with CPS and the MHRSB to communicate progress, problem solve and plan proactively. The meeting agenda can include tenant behaviors and tenant movement. Tenants are not to be evicted and/or moved without conversations with the MHRSB. The meeting frequency may be changed based on the agreement of all three parties.
VI. FUNDING

A. CPS

CPS currently has the funds to provide the supportive services identified in this Memorandum of Understanding and anticipates continuation of this funding. CPS is committed to providing emerging and evidenced best practice services to the tenants of Basic Accommodations and is committed to providing these services over the long-term, pending available resources. Where necessary, ICAN and CPS will co-apply for service funds.

It is understood that CPS responsibilities as defined in this Memorandum of Understanding are contingent upon continued and adequate funding. While it is impossible to guarantee continued funding or secure such guarantees from CPS’s funding sources, it is expected that the MHRSB’s budget will be stable. The objective of ICAN, CPS and the MHRSB, is to ensure that persons in Stark County have a decent, affordable place to live with supports. CPS and the supportive services identified in this Memorandum of Understanding will be funded under existing contracts and continue so long as the contract level is renewed annually.

B. ICAN

ICAN currently has the funds to operate the housing identified in this Memorandum of Understanding and anticipates continuation of this funding. ICAN is committed to providing affordable, supportive housing to tenants of Basic Accommodations and is committed to providing this housing over the long-term, pending available resources. Where necessary, ICAN and CPS will co-apply for funds.

It is understood that ICAN’s responsibilities as defined in this Memorandum of Understanding are contingent upon continued funding. While it is impossible to guarantee continued funding or secure such guarantees from ICAN’s funding sources, it is expected at this time that ICAN’s budget will be stable. ICAN and the housing identified in this Memorandum of Understanding will be funded under existing contracts and continue so long as the contracts are renewed and the terms of the contracts are not changed.

VII. GENERAL TERMS

Terms. This Agreement will begin effective the date July 1, 2015 and will continue until terminated.

Termination. Either party may terminate this Agreement by giving the other party ninety (90) days prior written notice. The party wishing to terminate this agreement for cause must provide a written intent to terminate notice to the party in breach or default. The notice will provide thirty (30) days for the party in breach or default to respond to said notice with an acceptable plan to cure cause for termination.

Confidentiality. ICAN, CPS and the MHRSB agree that by virtue of entering into this Agreement they will have access to certain confidential information regarding the other party’s operations related to this public project. ICAN, CPS and the MHRSB agree that they will not at any time disclose confidential information and/or material without the consent of the applicant/tenant unless such disclosure is authorized by this Agreement or required by law. Unauthorized disclosure of confidential information shall be considered a material breach HIPAA. Where appropriate, client releases will be secured before confidential client information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.
Dispute Resolution: Should either party wish to commence an action for damages under this MOU it shall be required to mediate the dispute prior to any other action. Both Parties agree to engage the services of a Third Party Mediator, for the purpose of facilitating/mediating an agreement (settlement) that mutually resolves concerns. Should a settlement not be obtained through Mediation, all Parties have the right to pursue an alternate recourse.

Nondiscrimination. There shall be no discrimination of any person or group of persons on account of race, color, creed, religion, sex, marital status, disability, sexual orientation, age, handicap, ancestry or national origin in the operation of the project or program at Basic Accommodations by ICAN, CPS, and the MHRSB.

Severability. In the event any provision of this Agreement shall be found to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity, legality and enforceability of the remainder of the Agreement.

Amendments. This Agreement may be amended only in writing and authorized by the designated representatives of ICAN, and CPS and the MHRSB.

Julie Sparks
Executive Director, ICAN Inc.

Nelson Burns
President / CEO Coleman Professional Services

John R. Aller
Executive Director, Mental Health Recovery Services Board-Stark County

Date: 6/23/15

Date: 7/21/15

Date: 6/16/15
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’S HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/22/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: OH0234
   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
   X
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: ICAN Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1575839
   c. Organizational DUNS: 189042914
   d. Address
      Street 1: 1214 Market Ave N
      City: Canton
      County: Stark
      State: Ohio
      Country: United States
      Zip / Postal Code: 44714
   e. Organizational Unit (optional)
      Department Name:
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mrs.
      First Name: Natalie
      Middle Name:
      Last Name: McCleskey
      Suffix:
      Title: Director of Development & Housing Compliance
      Organizational Affiliation: ICAN Inc.
      Telephone Number: (330) 455-9100
Extension: 150
Fax Number: (330) 455-4702
Email: nataliem@ican-inc.org
9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (State(s) only): Ohio
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Housing First Leasing Assistance

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
   (for multiple selections hold CTRL key)
   b. Project: OH-016, OH-007
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 04/01/2019
   b. End Date: 03/31/2020

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
   c. State:
   d. Local:
   e. Other:
   f. Program Income:
   g. Total:
1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Julie
Middle Name: 
Last Name: Sparks
Suffix: 
Title: Executive Director
Telephone Number: (330) 455-9100
(Format: 123-456-7890)
Fax Number: (330) 455-4702
(Format: 123-456-7890)
Email: julies@ican-inc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: ICAN Inc.
   Prefix: Ms.
   First Name: Julie
   Middle Name:
   Last Name: Sparks
   Suffix:
   Title: Executive Director

Organizational Affiliation: ICAN Inc.
Telephone Number: (330) 455-9100
Extension:

   Email: julies@ican-inc.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44714

2. Employer ID Number (EIN): 34-1575839
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $347,200.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Housing First Leasing Assistance 1214 Market Ave N Canton Ohio

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?  
   (For further information, see 24 CFR Sec. 4.3).
   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio Development Services Agency, 77 S. High Street, Columbus, OH 43215</td>
<td>Grant</td>
<td>$14,338.00</td>
<td>Cherry Grove - Utilities</td>
</tr>
<tr>
<td>Ohio Development Services Agency, 77 S. High Street, Columbus, OH 43215</td>
<td>Grant</td>
<td>29961.0</td>
<td>Shelter Plus Care and West Park - Maintenance, Utilities</td>
</tr>
<tr>
<td>Stark Mental Health &amp; Addiction Recovery, 121 Cleveland Ave SW, Canton, OH 44702</td>
<td>Grant</td>
<td>$185,000.00</td>
<td>Shelter Plus Care and West Park - Supportive Services; Peer Support; Employment Salary; Benefits and Travel</td>
</tr>
</tbody>
</table>

Part III Interested Parties

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

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Julie Sparks, Executive Director

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

Date Signed: 08/01/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: ICAN Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant’s policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</td>
</tr>
<tr>
<td>e.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f.</td>
<td>Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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

X

Renewal Project Application FY2019 Page 12 08/22/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.
First Name: Julie
Middle Name
Last Name: Sparks
Suffix:
Title: Executive Director
Telephone Number: (330) 455-9100
(Format: 123-456-7890)
Fax Number: (330) 455-4702
(Format: 123-456-7890)
Email: julies@ican-inc.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant’s Organization: ICAN Inc.

Name / Title of Authorized Official: Julie Sparks, Executive Director

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

Date Signed: 08/22/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: ICAN Inc.
Street 1: 1214 Market Ave N
Street 2: 
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44714

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Ms.
First Name: Julie
Middle Name:
Last Name: Sparks
Suffix:
Title: Executive Director

Telephone Number: (330) 455-9100
(Format: 123-456-7890)

Fax Number: (330) 455-4702
(Format: 123-456-7890)

Email: julies@ican-inc.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

   Yes

2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application?

   Stand-Alone Renewal Expansion

2a. Input the name and grant number of the combined renewal expansion

   Combined Renewal Expansion Project Name: Housing First Leasing Assistance Combined

   combined Renewal Expansion PIN Number: OH0234
This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Total Expected Sub-Awards:</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Type</td>
</tr>
<tr>
<td>This list contains no items</td>
<td></td>
</tr>
</tbody>
</table>
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0234
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: Housing First Leasing Assistance

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Does this project include Replacement Reserves? No
3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Our community needs permanent housing for homeless, single adults, chronically homeless adults, as well as veterans. Housing First Leasing Assistance will provide permanent housing for these populations as it includes 7 veteran dedicated beds and 29 chronically homeless dedicated beds. Eligible applicants must come from the street or shelters and have serious and persistent mental illness, possibly complicated by substance use disorders. The Coordinated Entry System is conducted by the local HMIS / Homeless Hotline. ICAN serves on the Coordinated Entry System Committee and utilizes the central process approved by the CoC to fill vacancies. In compliance with the local CoC Coordinated Entry System policies, chronically homeless persons with the most severe needs will be placed higher on the prioritization / referral list. First priority will be given to chronically homeless persons with the longest history of homelessness and with the most severe service needs. Consistent with HUD's Housing First approach, ICAN overlooks history of evictions, poor financial history, criminal convictions, substance abuse issues, and other traditional barriers to housing clients quickly.

The project will serve at least 42 clients in scattered site units. 29 units will remain dedicated to those experiencing chronic homelessness. Most participants have zero income at entry. Participants will continue to choose their apartments from private market landlords. A Housing Specialist will assist participants in identifying suitable apartments. ICAN staff will inspect each apartment to ensure it meets HUD rent guidelines and Housing Quality Standards. To comply with HEARTH requirements, ICAN will enter into leases with the landlord, with the tenant holding a sublease.

The Specialist will continue to work with each participant to develop goals for a permanent housing outcome and increased income. ICAN Housing and SSI Specialists will help participants access mainstream services and benefits through a partnership with Stark Mental Health & Addiction Recovery (SMHAR). Participants will use existing services within the mental health system. ICAN will make referrals to Coleman Professional Services (CPS) for assistance in applying for SSI and Medicaid and using the Ohio Benefit Bank. ICAN Housing requires CoC funding to pay for the total housing related costs of rent and utilities. Participants will pay an occupancy charge which may not exceed the highest of: a) thirty percent of the family's monthly adjusted income; or b) ten percent of the family's monthly gross income.
2. Does your project have a specific population focus?  Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

| Youth (under 25) | Mental Illness    |
|                  |                   |

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update)

3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Active or history of substance use</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>None of the above</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure to make progress on a service plan</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loss of income or failure to improve income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

   N/A
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Case Management</td>
<td>Non-Partner</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

| Renewal Project Application FY2019 | Page 27 | 08/22/2019 |
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 42
Total Beds: 42
Total Dedicated CH Beds: 29

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>42</td>
<td>42</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 42
   b. Beds: 42

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 29
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 1214 Market Ave N
   Street 2:
   City: Canton
   State: Ohio
   ZIP Code: 44714

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
   390858 Canton, 399151 Stark County
This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>Characteristics</td>
<td>Persons in Households with at Least One Adult and One Child</td>
<td>Adult Persons in Households without Children</td>
<td>Persons in Households with Only Children</td>
<td>Total</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td></td>
<td>41</td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>42</td>
<td>0</td>
<td>42</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>32</td>
<td>5</td>
<td>3</td>
<td>20</td>
<td>0</td>
<td>37</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>32</td>
<td>5</td>
<td>3</td>
<td>20</td>
<td>0</td>
<td>38</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units X
   - Leased Structures
   - Rental Assistance
   - Supportive Services
   - Operating X
   - HMIS
6B. Leased Units Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH - Canton-Massi...</td>
<td>42</td>
<td>$306,425</td>
<td>$306,425</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $306,425
Grant Term: 1 Year
Total Request for Grant Term: $306,425
Total Units: 42
Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: OH - Canton-Massillon, OH MSA (3901999999)

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>42</td>
<td>$306,425</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$306,425</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$10,194</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$10,194</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

Program Income will be generated from occupancy charges paid to ICAN Inc. by the participants that does not exceed the highest of: 30% of the family's monthly adjusted income; or b) 10% of the family's monthly gross income.

1b. Estimate the amount of program income that will be used as Match for this project: $10,194

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>ICAN Inc. - renta...</td>
<td>07/24/2019</td>
<td>$10,194</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  Cash
3. Type of Source:  Private
4. Name the Source of the Commitment:  ICAN Inc. - rental income
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  07/24/2019
6. Value of Written Commitment:  $10,194
6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$306,425</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$21,204</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$327,629</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$19,571</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$347,200</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$10,194</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$10,194</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$357,394</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit...</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Match Letter of C...</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter of Commitment - Housing First Leasing Assistance

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  Julie Sparks

**Date:** 08/22/2019  
**Title:** Executive Director  
**Applicant Organization:** ICAN Inc.
PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6B. Leased Units</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3B - Removing language related to the consolidation which took place in the FY'18 round of funding. Selecting Housing First criteria.
6D - Updating the Match Commitment date.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/01/2019</td>
</tr>
<tr>
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</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
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</tr>
<tr>
<td>3A. Project Detail</td>
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<tr>
<td>3B. Description</td>
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<tr>
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<td>6B. Leased Units</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/01/2019</td>
</tr>
</tbody>
</table>
July 24, 2019

Re: Match Commitment – Housing First Leasing Assistance FY’19

To Whom It May Concern:

ICAN, Inc. dba ICAN Housing commits to providing $10,194 in cash to meet the match requirement for the Housing First Leasing Assistance HUD Continuum of Care FY’19 grant.

The funds will be available during the grant term from 4/1/2020 through 3/31/2021.

Sincerely,

[Signature]

Julie Sparks
Executive Director
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission:
2. Type of Application: New Project Application
   If Revision, select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/22/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: ICAN Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1575839
   c. Organizational DUNS: 189042914
   d. Address
      Street 1: 1214 Market Ave N
      Street 2:
      City: Canton
      County: Stark
      State: Ohio
      Country: United States
      Zip / Postal Code: 44714
   e. Organizational Unit (optional)
      Department Name:
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mrs.
      First Name: Natalie
      Middle Name:
      Last Name: McCleskey
      Suffix:
      Title: Director of Development & Housing Compliance
      Organizational Affiliation: ICAN Inc.
      Telephone Number: (330) 455-9100
Extension: 150
Fax Number: (330) 455-4702
Email: nataliem@ican-inc.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (state(s) only):
Ohio
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project:
Housing First Leasing Assistance Expansion

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
   b. Project: OH-016, OH-007
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 04/01/2019
   b. End Date: 03/31/2020

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: X

21. Authorized Representative

Prefix: Ms.
First Name: Julie
Last Name: Sparks
Title: Executive Director
Telephone Number: (330) 455-9100
(Format: 123-456-7890)
Fax Number: (330) 455-4702
(Format: 123-456-7890)
Email: julies@ican-inc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: ICAN Inc.
   Prefix: Ms.
   First Name: Julie
   Middle Name:
   Last Name: Sparks
   Suffix:
   Title: Executive Director
   Organizational Affiliation: ICAN Inc.
   Telephone Number: (330) 455-9100
   Extension:
   Email: julies@ican-inc.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44714

2. Employer ID Number (EIN): 34-1575839

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $44,790.00
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)? _Yes_. For further information, see 24 CFR Sec. 4.9.

### 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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio Development Services Agency, 77 S. High Street, Columbus, OH 43215</td>
<td>Grant</td>
<td>$14,338.00</td>
<td>Cherry Grove - Utilities</td>
</tr>
<tr>
<td>Ohio Development Services Agency, 77 S. High Street, Columbus, OH 43215</td>
<td>Grant</td>
<td>$29,961.00</td>
<td>Shelter Plus Care and West Park - Maintenance, Utilities</td>
</tr>
<tr>
<td>Stark Mental Health &amp; Addiction Recovery, 121 Cleveland Ave SW, Canton, OH 44702</td>
<td>Grant</td>
<td>$185,000.00</td>
<td>Shelter Plus Care and West Park - Supportive Services; Peer Support; Employment Salary; Benefits and Travel</td>
</tr>
</tbody>
</table>

**Note:** If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.
### Part III Interested Parties

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

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

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

### Certification

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

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

I AGREE: X

**Name / Title of Authorized Official:** Julie Sparks, Executive Director

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

**Date Signed:** 08/22/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: ICAN Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees —
   (1) The dangers of drug abuse in the workplace
   (2) The Applicant's policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted —
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs a. thru f.

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.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:  Ms.
First Name:  Julie
Middle Name
Last Name:  Sparks
Suffix:
Title:  Executive Director
Online Telephone Number:  (330) 455-9100
(FORMAT: 123-456-7890)
Fax Number:  (330) 455-4702
(FORMAT: 123-456-7890)
Email:  julies@ican-inc.org

Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/22/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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: ICAN Inc.

Name / Title of Authorized Official: Julie Sparks, Executive Director

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

Date Signed: 08/22/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: ICAN Inc.
Street 1: 1214 Market Ave N
Street 2:
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44714

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

I certify that this information is true and complete. X

New Project Application FY2019  Page 16  08/22/2019
Authorized Representative

Prefix:  Ms.
First Name:  Julie
Middle Name:  
Last Name:  Sparks
Suffix:  
Title:  Executive Director
Telephone Number:  (330) 455-9100
(Format: 123-456-7890)
Fax Number:  (330) 455-4702
(Format: 123-456-7890)
Email:  julies@ican-inc.org

Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/22/2019
2A. Project Subrecipients

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

ICAN has been a recipient of federal HUD CoC funding annually since 1997 and in FY’18 was awarded $935,112 for its PSH and RRH projects. Two of the five CoC grants ICAN currently holds involves PSH projects that receive Housing Support services from ICAN’s Supportive Services Department. This department includes a Supportive Services Manager, Coordinator, Housing Support Specialist, Peer Support Specialist and an Employment Specialist. It is a robust team of dedicated and competent individuals, trained in a host of Evidence Based Practices who seek to implement Housing First, client-centered and client-driven services on a daily basis. The team is at capacity with serving all households residing in units owned and operated by ICAN with funding, also capped out, by the local Mental Health Board. This expansion will allow for the provision of an additional Housing Support staff person to serve all households residing in ICAN’s leasing program. This population is particularly vulnerable as they lease units with private landlords who are not always as benevolent as ICAN is as a landlord over units it owns. The new staff member would have a team to learn from and grow with immediately, effectively utilizing federal funds and performing the activities proposed in the application. As an expansion grant, funds will already be in place to cover the participants’ rental assistance. Services will able to begin as soon as a staff person is hired which could easily align with the program start date.

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

ICAN has extensive experience in leveraging and administering, among others, the following other federal, state and local grants:
Housing & Urban Development (HUD) County HOME Funds in various years and for varying amounts since 1997 and most recently for $261,505 in PY’17 for a new 14 unit PSH construction project, Arbor Ridge and in PY’18 funding for rehabilitation of two duplexes owned and operated by ICAN.
HUD City of Canton HOME, CDBG and ESG funds in various years and for varying amounts since 1997 and most recently $570,000 in PY’17 HOME funds for Arbor Ridge, PY’18 HOME funds for rehabilitation of three PSH homes owned by ICAN and PY’18 CDBG funds to combine with local foundation funds for the second year of a Rapid Rehousing Employment Pilot Program.
ICAN is also the recipient, for the third year in a row, of local United Way funding for its Supported Employment Program for PSH participants. ICAN has secured multiple additional private grants to provide auxiliary programming such as a Synchrony Grant for financial literacy and Aultman Foundation Grant for a health, wellness and employment initiative in partnership with a local food access agency, StarkFRESH, which grows its own fresh produce.
Ohio Development Services Agency has funded ICAN in its biennially awarded Supportive Housing Program since 1997 and most recently for $253,500 in PY'18.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The basic structure of ICAN is that of a typical non-profit. There is a Board of Directors, currently 11 Board members. There are 24 employees at ICAN: an Executive Director, followed by a team of management including the Finance Director, Director of Development and Housing Compliance, a Continuous Improvement Manager and a Supportive Services Manager. The agency has a finance team of two additional members (Grant Accountant Manager and Accounting Assistant), in addition to the Finance Director. The agency is then made up of two main departments: Housing, which includes a maintenance team, property management, housing coordinator and leasing administrators, and; Supportive Services, which includes the Supportive Services staff, for those housed in ICAN-owned PSH units, a dedicated Employment Strategist for those in the RRH programs in the community, as well as a team of Outreach Specialists, focused on those not under a permanent roof. There are weekly team meetings between Housing and Supportive Services and monthly all staff meetings to ensure internal coordination. There are additional smaller meetings (i.e. Outreach weekly meetings) to address more client-specific concerns. External coordination is extremely important to ICAN as evidenced by the substantial number of staff members who attend, chair or facilitate a host of CoC committees, board and other community workgroups. The Executive Director serves on the CoC Board of Directors and attends Directors meeting held by the local Mental Health & Addiction Recovery Board. The ED fosters close partnerships with the political jurisdictions, other funders and other peer agencies. These relationships and frequent interactions aid in building strong external coordination.

ICAN uses the MIP Abilia Sage 100 fund accounting system. It maintains a general ledger system that captures costs based on activity, grant, and financial source of funds expended. On an annual basis, an A133 audit is performed of the accounting records.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?

No
3A. Project Detail

1a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

1b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

2. Project Name: Housing First Leasing Assistance Expansion

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? PSH

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

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

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds? X
3B. Project Description

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

Housing First Leasing Assistance began operating as a consolidated project on 4/1/2019 and will serve a total of least 42 clients in scattered site units (currently serving 48 participants). Most have zero income at entry. All 42 units will be dedicated to Chronically Homeless including seven (7) of those also to Veterans. Clients chose their apartments from private market landlords. A Housing Coordinator will assist participants with identifying suitable apartments and will inspect each apartment to ensure it meets HUD rent guidelines and Housing Quality Standards. Participants will pay an occupancy charge which may not exceed the highest of: a) 30 percent of the family's monthly adjusted income; or b) 10% of the family's monthly gross income.

If awarded this expansion, the Supportive Services (SS) staff for this project will work closely with each participant to develop trusting relationships that empower participants to broaden their personal goals. They will meet as frequently as needed and help develop an initial Individualized Service Plan (ISP), partner with the participant to achieve personal goals and conduct an annual reassessment of the ISP. They will also provide landlord liaison services to assist participants and landlords with effective communication and avoidance of lease violations and potential evictions.

SS staff will provide assistance with transportation, setting up and even attending mainstream benefit appointments with participants as needed. They will link participants to employment training and resources if able and willing to work. Veterans will also be assisted with connecting to the VA, VSC and other veterans’ organizations in the community. Chronically homeless persons are more likely to need assistance with navigating the SSA and benefits rather than employment but not in every case. Staff will use Motivational Interviewing to help participants address ambivalence and navigate through the stages of change: they will be served on an individualized and more robust basis.

There are currently two Housing Coordinators for the program who handle intake, collection of eligibility documentation, HQS inspections and leasing up of units. The SS staff member will oversee all needed support services. Other staff involved in the project includes the Finance Department, Development Director and Executive Director who develop grant requests and spearhead additional programmatic enhancements.

Participants are encouraged to become involved in the operations of the project by participation in group trainings and activities, such as SARTA bus travel training, the annual summer BBQ and the Ice Cream Social which create safe spaces for development of peer interaction and social connectedness. In addition, two of ICAN’s Board Directors are participants of ICAN PSH projects (one specifically in this project) and they provide insight and valuable feedback on all of ICAN’s projects.
2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

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

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>New project staff hired, or other project expenses begin?</td>
<td>30</td>
</tr>
<tr>
<td>Participant enrollment in project begins?</td>
<td></td>
</tr>
<tr>
<td>Participants begin to occupy leased units or structure(s), and supportive services begin?</td>
<td></td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity?</td>
<td>60</td>
</tr>
<tr>
<td>Closing on purchase of land, structure(s), or execution of structure lease?</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation started?</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation completed?</td>
<td></td>
</tr>
<tr>
<td>New construction started?</td>
<td></td>
</tr>
<tr>
<td>New construction completed?</td>
<td></td>
</tr>
</tbody>
</table>

3. Will your project participate in a CoC Coordinated Entry Process? Yes

* 4. Please identify the project's specific population focus.
(Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (Click 'Save' to update)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. Housing First

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

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

<table>
<thead>
<tr>
<th>Item</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td></td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

d. Will the project follow a "Housing First" approach? Yes

(Click 'Save' to update)

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

n/a

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one No
structure?

Dedicated and 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.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above.

100% Dedicated
3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year's CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: OH0234
1b. Eligible Renewal Grant Project Name: Housing First Leasing Assistance

2. Will this expansion project Increase the number of homeless persons served? No

3. Will this Expansion Project bring additional supportive services to homeless persons? Yes

3a. Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."

- Increase number of and/or expand variety of supportive services provided
- Increase frequency and/or intensity of supportive services

4. Will this expansion project bring existing facilities up to government health and safety standards? No
4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

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

A supportive services staff member (SS) will be dedicated to this project. The SS will connect with participants, building rapport and trusting relationships, gaining a clear understanding of their goals and aspirations. This will be accomplished via Motivational Interviewing and other best practices such as Stages of Change and Trauma-Informed Care. Once goals are established, the SS will work with participants to develop action plans, with target dates, for each goal. They will aid participants in gaining a stable home by assisting with access to private landlords through negotiation and advocacy and a stable life by addressing income and benefits gain and progress toward accomplishing their goals. The plans may include eliminating barriers associated with employment, transportation or child care, addressing mental health/behavioral health, substance use, lease violations or landlord concerns. Regular in-home support visits will assist participants in their housing stability.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

The project plan is to hire the additional supportive services staff member as soon as possible following award of funds. This staff member will follow the same service plan and coordination that is established by other members of the Supportive Services Department that serve participants in ICAN-owned units. These plans include working individually with each participant to ensure connection to mainstream health, social services and employment programs. ICAN has collaborative relationships with many social service agencies in the
community and a wealth of knowledge about community resources having worked hard to make connections via ICAN’s community engagement presentation and by taking advantage of opportunities to connect with various community agencies and organizations. This knowledge will be passed on to the participants of this project to empower them to engage and access these additional services. Related to employment, ICAN also offers in-house employment services through its Employment Specialist (ES). Participants will be personally connected to the ES upon entry into the project to explore employment goals and opportunities. The ES also works on connecting participants to additional employment resources in the community to enhance ICAN’s work with the participants. The SS will meet frequently with participants, at least monthly, but also as needed, to foster the relationship and to provide encouragement towards accomplishing action items and reaching goals in their Stable Home, Stable Life Plan, also known as an Individualized Stabilization Plan (ISP).

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Education Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes
5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?  Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. 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: 42
Total Beds: 42
Total Dedicated CH Beds: 42

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>42</td>
<td>42</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 42
   b. Beds: 42

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless? 42
   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: 1214 Market Ave N
   Street 2:  
   City: Canton
   State: Ohio
   ZIP Code: 44714

*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)

   390858 Canton, 399151 Stark County
## 5A. Project Participants - Households

### Households Table

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number of Households</th>
<th>Adults over age 24</th>
<th>Persons ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households with at Least One Adult and One Child</td>
<td>42</td>
<td>41</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adult Households without Children</td>
<td>42</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households with Only Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project Participants - Subpopulations

#### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless</th>
<th>Non-Chronically Homeless</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless</th>
<th>Non-Chronically Homeless</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>32</td>
<td>5</td>
<td>3</td>
<td>20</td>
<td>0</td>
<td>37</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>32</td>
<td>5</td>
<td>3</td>
<td>20</td>
<td>0</td>
<td>38</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless</th>
<th>Non-Chronically Homeless</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

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

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? 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 being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating
   - HMIS

6. If awarded, will this project require an initial grant term greater than 12 months? No
6F. Supportive Services Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1 FTE incl benefits, cell phone, office phone, IT, training, printing/postage, office supplies, office space</td>
<td>$40,020</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>Staff mileage</td>
<td>$700</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$40,720</td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$40,720</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

<table>
<thead>
<tr>
<th>Summary for Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
</tr>
</tbody>
</table>

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income: (limit 1000 characters)
   Tenant's pay 30% of their adjusted income towards rent. This will count as program income.

1b. Estimate the amount of program income that will be used as Match for this project: $11,198

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>ICAN Inc.</td>
<td>08/05/2019</td>
<td>$11,198</td>
</tr>
<tr>
<td><strong>Sources of Match Detail</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Will this commitment be used towards match?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Type of commitment:</td>
<td>Cash</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Type of source:</td>
<td>Private</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)</td>
<td>ICAN Inc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Date of Written Commitment:</td>
<td>08/05/2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Value of Written Commitment:</td>
<td>$11,198</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$40,720</td>
<td>1 Year</td>
<td>$40,720</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$40,720</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td></td>
<td></td>
<td>$4,070</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$44,790</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td></td>
<td></td>
<td>$11,198</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>12. Total Match</td>
<td></td>
<td></td>
<td>$11,198</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td></td>
<td></td>
<td>$55,988</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td>Match Commitment ...</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description: Match Commitment Letter - Housing First Leasing Assistance Expansion

Attachment Details

Document Description:
7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official:** Julie Sparks

**Date:** 08/22/2019

**Title:** Executive Director

**Applicant Organization:** ICAN Inc.

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent
statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.
1D. SF-424 Congressional District(s) 08/22/2019
1E. SF-424 Compliance 08/05/2019
1F. SF-424 Declaration 08/05/2019
1G. HUD 2880 08/05/2019
1H. HUD 50070 08/05/2019
1I. Cert. Lobbying 08/05/2019
1J. SF-LLL 08/05/2019
2A. Subrecipients  No Input Required
2B. Experience  08/22/2019
3A. Project Detail  08/09/2019
3B. Description  08/22/2019
3C. Expansion  08/05/2019
4A. Services  08/22/2019
4B. Housing Type  08/22/2019
5A. Households  08/05/2019
5B. Subpopulations  No Input Required
6A. Funding Request  08/05/2019
6F. Supp Srvcs Budget  08/05/2019
6I. Match  08/05/2019
6J. Summary Budget  No Input Required
7A. Attachment(s)  08/21/2019
7D. Certification  08/22/2019
August 14, 2019

Re: Match Commitment – Housing First Leasing Assistance Expansion FY’19

To Whom It May Concern:

ICAN, Inc. dba ICAN Housing commits to providing $11,198 in cash to meet the match requirement for the Housing First Leasing Assistance Expansion HUD Continuum of Care FY’19 grant if this new, expansion application is awarded.

The funds will be available during the grant term from 4/1/2020 through 3/31/2021.

Sincerely,

Julie Sparks
Executive Director
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/22/2019

4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: OH0234

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: ICAN Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1575839

<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
<th>189042914</th>
<th>PLUS 4</th>
</tr>
</thead>
</table>

d. Address
   Street 1: 1214 Market Ave N
   Street 2: 
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip / Postal Code: 44714

e. Organizational Unit (optional)
   Department Name: 
   Division Name: 

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mrs.
   First Name: Natalie
   Middle Name: 
   Last Name: McCleskey
   Suffix: 
   Title: Director of Development & Housing Compliance
   Organizational Affiliation: ICAN Inc.
   Telephone Number: (330) 455-9100
Extension: 150
Fax Number: (330) 455-4702
Email: nataliem@ican-inc.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (State(s) only):
   Ohio
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Housing First Leasing Assistance Combined

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
      (for multiple selections hold CTRL key)
   b. Project: OH-016, OH-007
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 04/01/2019
   b. End Date: 03/31/2020

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: X

21. Authorized Representative

Prefix:  Ms.
First Name:  Julie
Middle Name:  
Last Name:  Sparks
Suffix:  
Title:  Executive Director
Telephone Number:  (330) 455-9100
(Format:  123-456-7890)
Fax Number:  (330) 455-4702
(Format:  123-456-7890)
Email:  julies@ican-inc.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/22/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: ICAN Inc.
   Prefix: Ms.
   First Name: Julie
   Middle Name: 
   Last Name: Sparks
   Suffix: 
   Title: Executive Director

   Organizational Affiliation: ICAN Inc.

   Telephone Number: (330) 455-9100
   Extension: 
   Email: julies@ican-inc.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44714

2. Employer ID Number (EIN): 34-1575839
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $391,990.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Housing First Leasing Assistance Combined
1214 Market Ave N Canton Ohio

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? (For further information, see 24 CFR Sec. 4.3).

   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio Development Services Agency, 77 S. High Street, Columbus, OH 43215</td>
<td>Grant</td>
<td>$14,338.00</td>
<td>Cherry Grove - Utilities</td>
</tr>
<tr>
<td>Ohio Development Services Agency, 77 S. High Street, Columbus, OH 43215</td>
<td>Grant</td>
<td>29961.0</td>
<td>Shelter Plus Care and West Park - Maintenance, Utilities</td>
</tr>
<tr>
<td>Stark Mental Health &amp; Addiction Recovery, 121 Cleveland Ave SW, Canton, OH 44702</td>
<td>Grant</td>
<td>$185,000.00</td>
<td>Shelter Plus Care and West Park - Supportive Services; Peer Support; Employment Salary; Benefits and Travel</td>
</tr>
</tbody>
</table>

### Part III Interested Parties

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

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

**Certification**

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

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

I AGREE: X

**Name / Title of Authorized Official:** Julie Sparks, Executive Director

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

**Date Signed:** 08/12/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: ICAN Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

<table>
<thead>
<tr>
<th>Certification/Agreement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.</td>
</tr>
<tr>
<td>e.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f.</td>
<td>Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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. 

X

Renewal Project Application FY2019 Page 12 08/22/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:  Ms.
First Name:  Julie
Middle Name
Last Name:  Sparks
Suffix:
Title:  Executive Director
Telephone Number:  (330) 455-9100
(Format: 123-456-7890)
Fax Number:  (330) 455-4702
(Format: 123-456-7890)
Email:  julies@ican-inc.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/22/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant’s Organization: ICAN Inc.

Name / Title of Authorized Official: Julie Sparks, Executive Director

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

Date Signed: 08/22/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: ICAN Inc.
Street 1: 1214 Market Ave N
Street 2:
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44714

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

I certify that this information is true and complete. X

Renewal Project Application FY2019 Page 16 08/22/2019
Authorized Representative

Prefix:  Ms.
First Name:  Julie
Middle Name:  
Last Name:  Sparks
Suffix:  
Title:  Executive Director

Telephone Number:  (330) 455-9100
(Format:  123-456-7890)

Fax Number:  (330) 455-4702
(Format:  123-456-7890)

Email:  julies@ican-inc.org

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

Date Signed:  08/22/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

Yes

2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application?

Combined Renewal Expansion

2b. Combined Renewal Expansion Table

<table>
<thead>
<tr>
<th>Stand-Alone Renewal or Stand-Alone New</th>
<th>Project Name</th>
<th>Total Requested Amount</th>
<th>PIN Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand-Alone Renewal</td>
<td>Housing First Leasing Assistance</td>
<td>$347,200</td>
<td>OH0234</td>
<td>03/31/2020</td>
</tr>
<tr>
<td>Stand-Alone New</td>
<td>Housing First Leasing Assistance</td>
<td>$44,790</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Combined Renewal Expansion Summary

<table>
<thead>
<tr>
<th></th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Grants in the Combined Renewal Expansion</td>
<td></td>
</tr>
<tr>
<td>Total Requested Amount in the Combined Renewal Expansion</td>
<td>$391,990</td>
</tr>
</tbody>
</table>

I hereby confirm that I have reviewed the accuracy and submitted all the renewal and new project applications related to this Combined Renewal Expansion request into esnaps and I have attached on Screen 7A the PDF copies of each of the FY 2019 project applications listed above.

X
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  
   If "No" click on "Next" or "Save & Next" below to move to the next screen.  
   No
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0234
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: Housing First Leasing Assistance Combined

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Does this project include Replacement Reserves? No
1. Provide a description that addresses the entire scope of the proposed project.

Housing First Leasing Assistance began operating as a consolidated project on 4/1/2019 and will serve a total of least 42 clients in scattered site units (currently serving 48 participants). Most have zero income at entry. All 42 units will be dedicated to Chronically Homeless including seven (7) of those also to Veterans. Clients chose their apartments from private market landlords. A Housing Coordinator will assist participants with identifying suitable apartments and will inspect each apartment to ensure it meets HUD rent guidelines and Housing Quality Standards. Participants will pay an occupancy charge which may not exceed the highest of: a) 30 percent of the family’s monthly adjusted income; or b) 10% of the family’s monthly gross income.

If awarded the expansion, the Supportive Services (SS) staff for this project will work closely with each participant to develop trusting relationships that empower participants to broaden their personal goals. They will meet as frequently as needed and help develop an initial Individualized Service Plan (ISP), partner with the participant to achieve personal goals and conduct an annual reassessment of the ISP. They will also provide landlord liaison services to assist participants and landlords with effective communication and avoidance of lease violations and potential evictions.

SS staff will provide assistance with transportation, setting up and even attending mainstream benefit appointments with participants as needed. They will link participants to employment training and resources if able and willing to work. Veterans will also be assisted with connecting to the VA, VSC and other veterans’ organizations in the community. Chronically homeless persons are more likely to need assistance with navigating the SSA and benefits rather than employment but not in every case. Staff will use Motivational Interviewing to help participants address ambivalence and navigate through the stages of change: they will be served on an individualized and more robust basis.

There are currently two Housing Coordinators for the program who handle intake, collection of eligibility documentation, HQS inspections and leasing up of units. The SS staff member will oversee all needed support services. Other staff involved in the project includes the Finance Department, Development Director and Executive Director who develop grant requests and spearhead additional programmatic enhancements.

Participants are encouraged to become involved in the operations of the project by participation in group trainings and activities, such as SARTA bus travel training, the annual summer BBQ and the Ice Cream Social which create safe spaces for development of peer interaction and social connectedness. In addition, two of ICAN’s Board Directors are participants of ICAN PSH projects (one specifically in this project) and they provide insight and valuable feedback on all of ICAN’s projects.
2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income X
- Active or history of substance use X
- Having a criminal record with exceptions for state-mandated restrictions X
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse) X
- None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services X
- Failure to make progress on a service plan X
- Loss of income or failure to improve income X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area

<table>
<thead>
<tr>
<th>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
   Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

   2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

   2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

   3a. 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: 42
Total Beds: 42
Total Dedicated CH Beds: 42

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments</td>
<td>---</td>
<td>42</td>
<td>42</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 42
   b. Beds: 42

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   42
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 1214 Market Ave N
   Street 2: 
   City: Canton
   State: Ohio
   ZIP Code: 44714

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   390858 Canton, 399151 Stark County
## 5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>42</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>41</td>
<td></td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>32</td>
<td>5</td>
<td>3</td>
<td>20</td>
<td>0</td>
<td>37</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>38</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>32</td>
<td>5</td>
<td>3</td>
<td>20</td>
<td>0</td>
<td>38</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units X
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS
This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH - Canton-Massi...</td>
<td>42</td>
<td>$306,425</td>
<td>$306,425</td>
</tr>
</tbody>
</table>
Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: OH - Canton-Massillon, OH MSA (3901999999)

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>42</strong></td>
<td><strong>$306,425</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td><strong>1 Year</strong></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td><strong>$306,425</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$21,392</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$21,392</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

Program Income will be generated from occupancy charges paid to ICAN Inc. by the participants that does not exceed the highest of: 30% of the family's monthly adjusted income; or b) 10% of the family's monthly gross income.

1b. Estimate the amount of program income that will be used as Match for this project: $21,392

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>ICAN Inc. - renta...</td>
<td>08/14/2019</td>
<td>$21,392</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: ICAN Inc. - rental income
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/14/2019
6. Value of Written Commitment: $21,392
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$306,425</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$40,720</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$21,204</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$368,349</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$23,641</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$391,990</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$21,392</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$21,392</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$413,382</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Match Commitment ...</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Match Commitment Letter - Housing First Leasing Assistance Combined

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Julie Sparks
Date: 08/22/2019
Title: Executive Director
Applicant Organization: ICAN Inc.
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by
the applicant to submit this Applicant
Certification and to ensure compliance. I am
aware that any false, ficticious, or fraudulent
statements or claims may subject me to
criminal, civil, or administrative penalties.
(U.S. Code, Title 218, Section 1001).

X

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

X
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>4B. Housing Type</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>6B. Leased Units</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3B - Updating to reflect expansion portion of the combined grant
3C - Making CH Dedicated due to expansion request
4A - Updating services available based upon changes due to expansion grant
4B - Making all beds CH Dedicated
6A - Updating Funding Request to reflect changes due to expansion grant
6D - Updating Match Amount and Commitment Date
6E - Updating Summary Budget to reflect changes due to expansion portion of the combined grant
7A - Uploading new match commitment letter

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
Applicant: ICAN Inc.
Project: Housing First Leasing Assistance Combined

### 8B Submission Summary

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<th>Last Updated</th>
</tr>
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<td>08/12/2019</td>
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<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/12/2019</td>
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<td>1E. SF-424 Compliance</td>
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<td>Renewal Expansion</td>
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<td>Renewal Grant Consolidation</td>
<td>08/12/2019</td>
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</table>

| 2A. Subrecipients                   | No Input Required |
| 3A. Project Detail                  | 08/12/2019 |
| 3B. Description                     | 08/22/2019 |
| 3C. Dedicated Plus                  | 08/22/2019 |
| 4A. Services                        | 08/13/2019 |
| 4B. Housing Type                    | 08/22/2019 |
| 5A. Households                      | 08/12/2019 |

| 5B. Subpopulations                  | No Input Required |
| 6A. Funding Request                 | 08/12/2019 |
| 6B. Leased Units                    | 08/12/2019 |
| 6D. Match                           | 08/21/2019 |

| 6E. Summary Budget                  | No Input Required |
| 7A. Attachment(s)                   | 08/21/2019 |
| 7B. Certification                   | 08/22/2019 |

Submission Without Changes          08/22/2019
August 14, 2019

Re: Match Commitment – Housing First Leasing Assistance Combined FY’19

To Whom It May Concern:

ICAN, Inc. dba ICAN Housing commits to providing $21,391 in cash to meet the match requirement for the Housing First Leasing Assistance Combined HUD Continuum of Care FY’19 grant if the new, expansion application is awarded.

The funds will be available during the grant term from 4/1/2020 through 3/31/2021.

Sincerely,

[Signature]

Julie Sparks
Executive Director
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
If "Other", specify:
3. Date Received: 08/22/2019

4. Applicant Identifier:
5a. Federal Entity Identifier: 
5b. Federal Award Identifier: OH0569

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X

6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: ICAN Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1575839
   d. Address
      Street 1: 1214 Market Ave N
      City: Canton
      County: Stark
      State: Ohio
      Country: United States
      Zip / Postal Code: 44714
   e. Organizational Unit (optional)
      Department Name:  
      Division Name:  
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mrs.
      First Name: Natalie
      Middle Name:  
      Last Name: McCleskey
      Suffix:  
      Title: Director of Development & Housing Compliance
      Organizational Affiliation: ICAN Inc.
      Telephone Number: (330) 455-9100
Extension: 150
Fax Number: (330) 455-4702
Email: nataliem@ican-inc.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
   Ohio
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project:
    ICAN CoC Rapid Re-Housing I Expansion

16. Congressional District(s):
   a. Applicant:
      OH-013, OH-016, OH-007
      (for multiple selections hold CTRL key)
   b. Project:
      OH-013, OH-016, OH-007
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 09/01/2019
   b. End Date: 08/31/2020

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

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

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

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

   If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: ✗

21. Authorized Representative

Prefix: Ms.
First Name: Julie
Middle Name: 
Last Name: Sparks
Suffix: 
Title: Executive Director
Telephone Number: (330) 455-9100
(Format: 123-456-7890)
Fax Number: (330) 455-4702
(Format: 123-456-7890)
Email: julies@ican-inc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: ICAN Inc.
   Prefix: Ms.
   First Name: Julie
   Middle Name:
   Last Name: Sparks
   Suffix:
   Title: Executive Director

Organizational Affiliation: ICAN Inc.

Telephone Number: (330) 455-9100

Email: julies@ican-inc.org
City: Canton
County: Stark
State: Ohio
Country: United States
Zip/Postal Code: 44714

2. Employer ID Number (EIN): 34-1575839

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $156,849.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

ICAN CoC Rapid Re-Housing I Expansion 1214 Market Ave N Canton Ohio

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? (For further information, see 24 CFR Sec. 4.3).

   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio Development Services Agency, 77 S. High Street, Columbus, OH 43215</td>
<td>Grant</td>
<td>$14,338.00</td>
<td>Cherry Grove - Utilities</td>
</tr>
<tr>
<td>Ohio Development Services Agency, 77 S. High Street, Columbus, OH 43215</td>
<td>Grant</td>
<td>29961.0</td>
<td>Shelter Plus Care and West Park - Maintenance, Utilities</td>
</tr>
<tr>
<td>Stark Mental Health &amp; Addiction Recovery, 121 Cleveland Ave SW, Canton, OH 44702</td>
<td>Grant</td>
<td>$185,000.00</td>
<td>Shelter Plus Care and West Park - Supportive Services; Peer Support; Employment Salary; Benefits and Travel</td>
</tr>
</tbody>
</table>

Part III Interested Parties

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

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

Certification

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

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

I AGREE: [X]

Name / Title of Authorized Official: Julie Sparks, Executive Director

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

Date Signed: 08/01/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: ICAN Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

<table>
<thead>
<tr>
<th>a.</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>Establishing an on-going drug-free awareness program to inform employees: (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will: (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.</td>
</tr>
<tr>
<td>e.</td>
<td>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;</td>
</tr>
<tr>
<td>f.</td>
<td>Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted: (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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.

X

Renewal Project Application FY2019

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08/22/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:  Ms.
First Name:  Julie
Middle Name
Last Name:  Sparks
Suffix:

Title:  Executive Director
Telephone Number:  (330) 455-9100
(Format: 123-456-7890)
Fax Number:  (330) 455-4702
(Format: 123-456-7890)
Email:  julies@ican-inc.org

Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/22/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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: ICAN Inc.

Name / Title of Authorized Official: Julie Sparks, Executive Director

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

Date Signed: 08/22/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: ICAN Inc.
Street 1: 1214 Market Ave N
Street 2: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44714

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Ms.
First Name: Julie
Middle Name:
Last Name: Sparks
Suffix:
Title: Executive Director

Telephone Number: (330) 455-9100
(Format: 123-456-7890)

Fax Number: (330) 455-4702
(Format: 123-456-7890)

Email: julies@ican-inc.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?
   Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?
   Yes

   Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

   A small amount ($5,128.32) could not be expended during the most recently expired grant term. This was in part due to the family sizes who were entering the project and the income levels of those participants which did not equate to the required levels in order to draw down the exact amount of funds remaining during the allotted grant time frame. For example, taking on a whole new household would have resulted in the need to spend more than the grant funds available. The agency does not have additional funds to cover such an overage and therefore had to leave some funds unexpended. There was also some staff turnover associated with this project which resulted in decreased spending.
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? **No**

   "If "No" click on "Next" or "Save & Next" below to move to the next screen."
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0569
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC
2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: ICAN CoC Rapid Re-Housing I Expansion

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select “Make Changes” in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Housing Stability: ICAN Housing’s Rapid Re-Housing Coordinator will provide financial assistance for security deposits, utility deposits and rental assistance as needed. Households must pay 30% of the monthly adjusted income for rent. The Coordinator will provide housing search and placement assistance and housing stability case management to help participants retain their housing, thereby reducing the number of homeless episodes. Participants will attend at least one case management session per month. The sessions will be held more frequently as needed.

Assistance with Increasing Employment Income: ICAN Housing maintains longstanding and successful collaborative relationships with providers in the Stark Mental Health and Addiction Recovery (SMHAR) system, homeless service providers, Stark County Department of Jobs and Family Services (DJFS) and OhioMeansJobs. ICAN staff will provide information and referrals to clients to attend training and employment appointments. Staff will use Motivational Interviewing to help participants address ambivalence and navigate through the stages of change.

Linking to Mainstream Services: ICAN staff will provide detailed information and referrals to clients regarding mainstream services and financial assistance, and will follow up with clients regarding utilization via phone and in case management sessions. The Agency conducts follow-ups with participants to ensure mainstream benefits are received and renewed. ICAN Housing maintains longstanding and successful collaborative relationships with Stark County Department of Jobs and Family Services and the Social Security Administration.

ICAN provides tenants access to SSI/SSDI technical assistance through referral to a SOAR-trained case manager. Referrals for move-in items, furniture and bus passes provide additional relief.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)
### Chronic Homeless

### Domestic Violence

### Veterans

### Substance Abuse

### Youth (under 25)

### Mental Illness

### Families with Children

### HIV/AIDS

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing

Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income
  
  X

- Active or history of substance use
  
  X

- Having a criminal record with exceptions for state-mandated restrictions
  
  X

- History of victimization (e.g. domestic violence, sexual assault, childhood abuse)
  
  X

- None of the above
  
  

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services
  
  X

- Failure to make progress on a service plan
  
  X

- Loss of income or failure to improve income
  
  X

- Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area
  
  X

- None of the above
  

3d. Does the project follow a "Housing First" approach?

Yes
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (…</td>
<td>---</td>
<td>15</td>
<td>39</td>
</tr>
</tbody>
</table>

Total Units: 15
Total Beds: 39
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 15
   b. Beds: 39

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: 1214 Market Ave N
   Street 2:
   City: Canton
   State: Ohio
   ZIP Code: 44714

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   399151 Stark County
5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>15</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>15</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>24</td>
<td></td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>39</td>
<td>0</td>
<td>0</td>
<td>39</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Total Persons</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>26</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Describe the unlisted subpopulations referred to above:

Children of participants. Participants who are literally homeless, with high needs and score for needing Rapid Re-Housing, according to local assessment tool (SPDAT) during Coordinated Entry System process, but who do not fit into any of the subpopulations listed above.
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  Yes

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Rental Assistance  X
   - Supportive Services
   - HMIS
6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>OH - Canton-Massillon, OH MSA (390199...</td>
<td>15</td>
<td>$150,552</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $150,552
Total Units: 15
Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: OH - Canton-Massillon, OH MSA (3901999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$355</td>
<td>$355</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$473</td>
<td>$473</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$539</td>
<td>$539</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>6</td>
<td>$717</td>
<td>$717</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>9</td>
<td>$916</td>
<td>$916</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$977</td>
<td>$977</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,124</td>
<td>$1,124</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,270</td>
<td>$1,270</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,417</td>
<td>$1,417</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$1,563</td>
<td>$1,563</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$1,710</td>
<td>$1,710</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $39,212 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $39,212 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>ICAN Inc.</td>
<td>07/24/2019</td>
<td>$39,212</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: ICAN Inc.
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/24/2019

6. Value of Written Commitment: $39,212
6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$150,552</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$150,552</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$6,297</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$156,849</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$39,212</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$39,212</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$196,061</td>
</tr>
</tbody>
</table>

Applicant: ICAN Inc. 189042914  
Project: ICAN CoC Rapid Re-Housing I Expansion 172964
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Match Letter of C...</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter of Commitment - RRH I Expansion

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  Julie Sparks

**Date:** 08/22/2019  
**Title:** Executive Director

**Applicant Organization:** ICAN Inc.
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information

2A. Subrecipients

Part 3 - Project Information

3A. Project Detail

3B. Description X

Part 4 - Housing Services and HMIS

4A. Services

4B. Housing Type

Part 5 - Participants and Outreach Information

5A. Households

5B. Subpopulations

Part 6 - Budget Information

6A. Funding Request

6C. Rental Assistance

6D. Match X

6E. Summary Budget

Part 7 - Attachment(s) & Certification
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3B - Removing references to consolidation which took place in the FY’18 funding round. Updating Housing First criteria.
6D - Updating Match Commitment date.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

Applicant: ICAN Inc. 189042914
Project: ICAN CoC Rapid Re-Housing I Expansion 172964

<table>
<thead>
<tr>
<th></th>
<th>Last Updated</th>
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</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/01/2019</td>
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<tr>
<td>1H. HUD-50070</td>
<td>08/01/2019</td>
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<tr>
<td>1I. Cert. Lobbying</td>
<td>08/01/2019</td>
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<tr>
<td>1J. SF-LLL</td>
<td>08/01/2019</td>
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<tr>
<td>Recipient Performance</td>
<td>08/01/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/01/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
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<td>2A. Subrecipients</td>
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<td>3A. Project Detail</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/01/2019</td>
</tr>
</tbody>
</table>
July 24, 2019

Re: Match Commitment – ICAN CoC Rapid Re-Housing | Expansion Project FY’19

To Whom It May Concern,

ICAN, Inc. dba ICAN Housing commits to providing $39,212 in cash to meet the match requirement for the ICAN CoC Rapid Re-Housing | Expansion Project HUD Continuum of Care FY’19 grant.

The funds will be available during the grant term from 9/1/2020 through 8/31/2021.

Sincerely,

Julie Sparks
Executive Director
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/22/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: OH0236

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number [X]

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
a. Legal Name: ICAN Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1575839
c. Organizational DUNS: 189042914

[Table]

| c. Organizational DUNS: | 189042914 | PLUS 4 |

<table>
<thead>
<tr>
<th>d. Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street 1: 1214 Market Ave N</td>
</tr>
<tr>
<td>Street 2:</td>
</tr>
<tr>
<td>City: Canton</td>
</tr>
<tr>
<td>County: Stark</td>
</tr>
<tr>
<td>State: Ohio</td>
</tr>
<tr>
<td>Country: United States</td>
</tr>
<tr>
<td>Zip / Postal Code: 44714</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Organizational Unit (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Name:</td>
</tr>
<tr>
<td>Division Name:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Name and contact information of person to be contacted on matters involving this application</th>
</tr>
</thead>
<tbody>
<tr>
<td>_prefix: Mrs.</td>
</tr>
<tr>
<td>First Name: Natalie</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name: McCleskey</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Director of Development &amp; Housing Compliance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organizational Affiliation: ICAN Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number: (330) 455-9100</td>
</tr>
</tbody>
</table>
Extension: 150
Fax Number: (330) 455-4702
Email: nataliem@ican-inc.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Ohio
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Shelter Plus Care SRA

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
      (for multiple selections hold CTRL key)
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 06/01/2019
   b. End Date: 05/31/2020

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No
   If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Julie
Middle Name:
Last Name: Sparks
Suffix:
Title: Executive Director
Telephone Number: (330) 455-9100
(Format: 123-456-7890)
Fax Number: (330) 455-4702
(Format: 123-456-7890)
Email: julies@ican-inc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: ICAN Inc.
Prefix: Ms.
First Name: Julie
Middle Name:
Last Name: Sparks
Suffix:
Title: Executive Director
Organizational Affiliation: ICAN Inc.
Telephone Number: (330) 455-9100
Extension:
Email: julies@ican-inc.org
City: Canton
County: Stark
State: Ohio
Country: United States
Zip/Postal Code: 44714

2. Employer ID Number (EIN): 34-1575839

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $193,459.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Shelter Plus Care SRA 1214 Market Ave N
Canton Ohio

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?  
(For further information, see 24 CFR Sec. 4.3).

Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio Development Services Agency, 77 S. High Street, Columbus, OH 43215</td>
<td>Grant</td>
<td>$14,338.00</td>
<td>Cherry Grove - Utilities</td>
</tr>
<tr>
<td>Ohio Development Services Agency, 77 S. High Street, Columbus, OH 43215</td>
<td>Grant</td>
<td>29961.0</td>
<td>Shelter Plus Care and West Park - Maintenance, Utilities</td>
</tr>
<tr>
<td>Stark Mental Health &amp; Addiction Recovery, 121 Cleveland Ave SW, Canton, OH 44702</td>
<td>Grant</td>
<td>$185,000.00</td>
<td>Shelter Plus Care and West Park - Supportive Services; Peer Support; Employment Salary; Benefits and Travel</td>
</tr>
</tbody>
</table>

**Part III Interested Parties**

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a</th>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Julie Sparks, Executive Director

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

Date Signed: 08/01/2019
**1H. HUD 50070**

**HUD 50070 Certification for a Drug Free Workplace**

**Applicant Name:** ICAN Inc.  

**Program/Activity Receiving Federal Grant Funding:** CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

<table>
<thead>
<tr>
<th>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</th>
<th>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant.</th>
</tr>
</thead>
</table>
| b. Establishing an on-going drug-free awareness program to inform employees:  
(1) The dangers of drug abuse in the workplace  
(2) The Applicant's policy of maintaining a drug-free workplace;  
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and  
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. | f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted:  
(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or  
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; |
| c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; | g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f. |
| d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will:  
(1) Abide by the terms of the statement; and  
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; |

**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. X

Renewal Project Application FY2019  
Page 12  
08/22/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.
First Name: Julie
Middle Name
Last Name: Sparks
Suffix:
Title: Executive Director
Telephone Number: (330) 455-9100
(Format: 123-456-7890)
Fax Number: (330) 455-4702
(Format: 123-456-7890)
Email: julies@ican-inc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

[Signature]

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: ICAN Inc.

Name / Title of Authorized Official: Julie Sparks, Executive Director

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

Date Signed: 08/22/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

Yes

No

Legal Name: ICAN Inc.
Street 1: 1214 Market Ave N
Street 2: 
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44714

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

I certify that this information is true and complete. X

Applicant: ICAN Inc. 189042914
Project: Shelter Plus Care SRA 172961

Renewal Project Application FY2019 Page 16 08/22/2019
Authorized Representative

Prefix:  Ms.
First Name:  Julie
Middle Name:  
Last Name:  Sparks
Suffix:  
Title:  Executive Director

Telephone Number:  (330) 455-9100
(Format: 123-456-7890)

Fax Number:  (330) 455-4702
(Format: 123-456-7890)

Email:  julies@ican-inc.org

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

Date Signed:  08/22/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a ‘Combined Renewal Expansion’ project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
## Recipient Performance

1. **Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?**
   - Yes

2. **Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?**
   - No

3. **Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?**
   - Yes

4. **Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?**
   - No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of an Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

   No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0236
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: Shelter Plus Care SRA

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

The Shelter Plus Care SRA project provides rental assistance to 28 homeless, disabled individuals and their families - targeting those with MI, possibly complicated by AoD. Eligible participants are living in streets, shelters or transitional housing, or are displaced by domestic violence at program entry. Referrals are accepted regardless of their sobriety, use of substances or completion of Treatment programs.

ICAN Housing actively participates in the Homeless Continuum of Care of Stark County (HCCSC). HCCSC has established a coordinated entry system. All homeless service providers in Stark County that are receiving Continuum of Care funds are required to participate in this system, which is managed by the County’s Homeless Hotline and HMIS. First priority is placed on chronically homeless (CH) individuals and families. Continuum of Care-funded providers of permanent supportive housing must fill vacancies from the central waiting list.

Before admitting any clients to a program, ICAN staff will meet the client to conduct a personal interview, verify basic facts, and review the documentation required to certify their eligibility for the Program. Participants are offered voluntary support services through contract agencies of Stark Mental Health and Addiction Recovery (SMHAR). Engagement and problem-solving are emphasized over therapeutic goals. Service plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of tenancy. Participants receive an ongoing assessment of needs.

Program funds will provide assistance for 11 efficiency units; 15, 1-bedroom units; and 2, 3-bedroom units. Units are owned and managed by ICAN and are located throughout Stark County; in Canton, Massillon, and Alliance.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)
### Chronic Homeless
- [ ]

### Domestic Violence
- [ ]

### Veterans
- [ ]

### Substance Abuse
- [x]

### Youth (under 25)
- [ ]

### Mental Illness
- [x]

### Families with Children
- [ ]

### HIV/AIDS
- [ ]

**Other**

*(Click 'Save' to update)*

---

### 3. Housing First

**3a. Does the project quickly move participants into permanent housing?**

- Yes

**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>[x]</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>[x]</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>[x]</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>[x]</td>
</tr>
<tr>
<td>None of the above</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>[x]</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>[x]</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>[x]</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area</td>
<td>[x]</td>
</tr>
<tr>
<td>None of the above</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**3d. Does the project follow a "Housing First" approach?**

- Yes
3C. Dedicated Plus

Dedicated and 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 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

N/A
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Case Management</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?</td>
<td>Yes</td>
</tr>
<tr>
<td>2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

3. Do project participants have access to

- Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>28</td>
<td>32</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   
a. Units: 28
   b. Beds: 32

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?

   24
   
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 1214 Market Ave N
   Street 2: Canton
   State: Ohio
   ZIP Code: 44714

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)

   399151 Stark County
5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>28</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>9</td>
<td>28</td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>17</td>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>26</td>
<td>28</td>
<td>0</td>
<td>54</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>9</td>
<td>1</td>
<td></td>
<td></td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Total Persons</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>28</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>28</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>28</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>28</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

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

Describe the unlisted subpopulations referred to above:
Children of participants.
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance  X
   - Supportive Services
   - Operating
   - HMIS
6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRA</td>
<td>OH - Canton-Massillon, OH MSA (390199...)</td>
<td>28</td>
<td>$181,440</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $181,440

Total Units: 28
# Rental Assistance Budget Detail

**Type of Rental Assistance:** SRA

**Metropolitan or non-metropolitan fair market rent area:** OH - Canton-Massillon, OH MSA (3901999999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$355</td>
<td>$355</td>
<td>x 12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>11 x</td>
<td>$473</td>
<td>$473</td>
<td>x 12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>15 x</td>
<td>$539</td>
<td>$539</td>
<td>x 12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$717</td>
<td>$717</td>
<td>x 12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>2 x</td>
<td>$916</td>
<td>$916</td>
<td>x 12</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$977</td>
<td>$977</td>
<td>x 12</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,124</td>
<td>$1,124</td>
<td>x 12</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,270</td>
<td>$1,270</td>
<td>x 12</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,417</td>
<td>$1,417</td>
<td>x 12</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$1,563</td>
<td>$1,563</td>
<td>x 12</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$1,710</td>
<td>$1,710</td>
<td>x 12</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested** 28

**Total Request for Grant Term** $181,440

**Grant Term** 1 Year

Click the 'Save' button to automatically calculate totals.
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$48,365</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$48,365</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

Program Income will be generated from occupancy charges paid to ICAN Inc. by the participants that does not exceed the highest of: a) 30% of the family’s monthly adjusted income; or b) 10% of the family’s monthly gross income.

1b. Estimate the amount of program income that will be used as Match for this project: $48,365

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>ICAN, Inc. rental...</td>
<td>07/24/2019</td>
<td>$48,365</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: ICAN, Inc. rental income.
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/24/2019

6. Value of Written Commitment: $48,365
6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$181,440</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$181,440</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$12,019</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$193,459</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$48,365</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$48,365</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$241,824</td>
</tr>
</tbody>
</table>
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Match Commitment ...</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description: Match Commitment Letter - SPC SRA

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Julie Sparks
Date: 08/22/2019
Title: Executive Director
Applicant Organization: ICAN Inc.
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by
the applicant to submit this Applicant Certification and to ensure compliance. I am
aware that any false, fictitious, or fraudulent statements or claims may subject me to
criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM)
registration as required by 2 CFR 200.300(b) at the time of project application submission
to HUD and will ensure this SAM registration will be renewed annually to meet this
requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3B - Updating Housing First criteria.
6D - Updating Match Commitment Date.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

Applicant: ICAN Inc.
Project: Shelter Plus Care SRA

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/01/2019</td>
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<tr>
<td>1L. Cert. Lobbying</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/01/2019</td>
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<tr>
<td>Recipient Performance</td>
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<tr>
<td>Renewal Expansion</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/01/2019</td>
</tr>
</tbody>
</table>
July 24, 2019

Re: Match Commitment – Shelter Plus Care SRA FY’19

To Whom It May Concern:

ICAN, Inc. dba ICAN Housing commits to providing $48,365 in cash to meet the match requirement for the Shelter Plus Care SRA HUD Continuum of Care FY’19 grant.

The funds will be available during the grant term from 6/1/2020 through 5/31/2021.

Sincerely,

[Signature]

Julie Sparks
Executive Director
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/22/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: OH0300
   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: ICAN Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1575839

c. Organizational DUNS: 189042914
   PLUS 4

d. Address
   Street 1: 1214 Market Ave N
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip / Postal Code: 44714

e. Organizational Unit (optional)
   Department Name:
   Division Name:

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mrs.
   First Name: Natalie
   Middle Name:
   Last Name: McCleskey
   Suffix:
   Title: Director of Development & Housing Compliance
   Organizational Affiliation: ICAN Inc.
   Telephone Number: (330) 455-9100
Extension: 150
Fax Number: (330) 455-4702
Email: nataliem@ican-inc.org
9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   
   Title: CoC Program
   
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   
   Title:
14. Area(s) affected by the project (State(s) only): Ohio
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: West Park Apartments

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
   (for multiple selections hold CTRL key)
   b. Project: OH-007
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 01/01/2020
   b. End Date: 12/31/2020

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
   c. State:
   d. Local:
   e. Other:
   f. Program Income:
   g. Total:
1E. SF-424 Compliance

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

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

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

   If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: 

21. Authorized Representative

Prefix: Ms.
First Name: Julie
Middle Name: 
Last Name: Sparks
Suffix: 
Title: Executive Director
Telephone Number: (330) 455-9100
(Format: 123-456-7890)
Fax Number: (330) 455-4702
(Format: 123-456-7890)
Email: julies@ican-inc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: ICAN Inc.
   Prefix: Ms.
   First Name: Julie
   Middle Name: 
   Last Name: Sparks
   Suffix: 
   Title: Executive Director

   Organizational Affiliation: ICAN Inc.
   Telephone Number: (330) 455-9100
   Extension: 
   Email: Julies@ican-inc.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44714

2. Employer ID Number (EIN): 34-1575839

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received:
   $91,925.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

West Park Apartments 1214 Market Ave N
Canton Ohio

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio Development Services Agency, 77 S. High Street, Columbus, OH 43215</td>
<td>Grant</td>
<td>$14,338.00</td>
<td>Cherry Grove - Utilities</td>
</tr>
<tr>
<td>Ohio Development Services Agency, 77 S. High Street, Columbus, OH 43215</td>
<td>Grant</td>
<td>29961.0</td>
<td>Shelter Plus Care and West Park - Maintainance, Utilities</td>
</tr>
<tr>
<td>Stark Mental Health &amp; Addiction Recovery, 121 Cleveland Ave SW, Canton, OH 44702</td>
<td>Grant</td>
<td>$185,000.00</td>
<td>Shelter Plus Care and West Park - Supportive Services; Peer Support; Employment Salary; Benefits and Travel</td>
</tr>
</tbody>
</table>

### Part III Interested Parties

You must disclose:

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

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Julie Sparks, Executive Director

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

Date Signed: 08/01/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: ICAN Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

<table>
<thead>
<tr>
<th>Certification Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</td>
</tr>
<tr>
<td>e.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f.</td>
<td>Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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. X
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.
First Name: Julie
Middle Name
Last Name: Sparks
Suffix:
Title: Executive Director
Telephone Number: (330) 455-9100
(Format: 123-456-7890)
Fax Number: (330) 455-4702
(Format: 123-456-7890)
Email: julies@ican-inc.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant’s Organization: ICAN Inc.

Name / Title of Authorized Official: Julie Sparks, Executive Director

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

Date Signed: 08/22/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: ICAN Inc.
Street 1: 1214 Market Ave N
Street 2: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44714

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

I certify that this information is true and complete.

X
Authorized Representative

Prefix: Ms.
First Name: Julie
Middle Name: 
Last Name: Sparks
Suffix: 
Title: Executive Director
Telephone Number: (330) 455-9100
(Format: 123-456-7890)
Fax Number: (330) 455-4702
(Format: 123-456-7890)
Email: julies@ican-inc.org
Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
## Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? **Yes**

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? **No**

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? **Yes**

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? **No**
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition?  "If "No" click on "Next" or "Save & Next" below to move to the next screen.  

No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0300
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: West Park Apartments

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Does this project include Replacement Reserves? No
3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

West Park serves 16 residents at 3 locations. Two of the buildings, located at 1313 and 1323 12th St. NW, Canton, have six units each. These buildings serve single adults. The third building, located at 2720 Mahoning Rd. NE, Canton, has four two-bedroom units that can serve families. ICAN's Housing Support Specialist works with each tenant to develop goals for a permanent housing outcome and increased income. ICAN Housing refers clients to Coleman Professional Services (CPS) for help in accessing mainstream services and benefits through a partnership with the Stark Mental Health & Addiction Recovery (SMHAR) Board. Clients use existing services within the mental health system. ICAN Housing requires CoC funding to pay for utilities, maintenance and insurance costs. Participants pay an occupancy charge which may not exceed the highest of: a) 30 percent of the family's monthly adjusted income; or b) 10% of the family's monthly gross income.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (Click 'Save' to update)</th>
<th></th>
</tr>
</thead>
</table>
3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  Yes
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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

   2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

   2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

   Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 16
Total Beds: 16
Total Dedicated CH Beds: 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type:  Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  6
   b. Beds:  6

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?  0
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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:  1313 12th St. NW
   Street 2:
   City:  Canton
   State:  Ohio
   ZIP Code:  44703

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   390858 Canton, 399151 Stark County

4B. Housing Type and Location Detail
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 6
   b. Beds: 6

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 1323 12th St. N.W.
   Street 2: 
   City: Canton
   State: Ohio
   ZIP Code: 44703

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments
2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 4
   b. Beds: 4

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?

   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 2720 Mahoning Rd. N.E.
   Street 2:
   City: Canton
   State: Ohio
   ZIP Code: 44705

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)

   390858 Canton, 399151 Stark County
### 5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>16</td>
<td>0</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>15</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>16</td>
<td>0</td>
<td>16</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>11</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>12</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? Yes

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services
   - Operating X
   - HMIS
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$22,981</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$22,981</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?

   Yes

1a. Briefly describe the source of the program income:

   Program Income will be generated from occupancy charges paid to ICAN Inc. by the participants that does not exceed the highest of: a) 30% of the family’s monthly adjusted income; or b) 10% of the family’s monthly gross income.

1b. Estimate the amount of program income that will be used as Match for this project:

   $22,981

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>ICAN, Inc. rental...</td>
<td>07/24/2019</td>
<td>$22,981</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: ICAN, Inc. rental payment income.
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/24/2019
6. Value of Written Commitment: $22,981
6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$86,768</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$86,768</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$5,157</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$91,925</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$22,981</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$22,981</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$114,906</td>
</tr>
</tbody>
</table>
# 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Match Commitment ...</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description: Match Commitment Letter - West Park Apartments

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  
   No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  
   Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
</tr>
</thead>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3B - Updating Housing First criteria.
6D - Updating Match Commitment date.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/01/2019</td>
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</tbody>
</table>

Applicant: ICAN Inc.  
Project: West Park Apartments
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/22/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/01/2019</td>
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<tr>
<td>4A. Services</td>
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</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/01/2019</td>
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<td>5B. Subpopulations</td>
<td>No Input Required</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/01/2019</td>
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<tr>
<td>6D. Match</td>
<td>08/01/2019</td>
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<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/01/2019</td>
</tr>
</tbody>
</table>
July 24, 2019

Re: Match Commitment – West Park Apartments FY’19

To Whom It May Concern:

ICAN, Inc. dba ICAN Housing commits to providing $22,981 in cash to meet the match requirement for the West Park Apartments HUD Continuum of Care FY’19 grant.

The funds will be available during the grant term from 1/1/2021 through 12/31/2021.

Sincerely,

[Signature]

Julie Sparks
Executive Director
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
   3. Date Received: 09/16/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier: 
   5b. Federal Award Identifier: OH0323
      This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
      Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
   6. Date Received by State:
   7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Stark Metropolitan Housing Authority

b. Employer/Taxpayer Identification Number (EIN/TIN): 34-6000508

c. Organizational DUNS: 010831279 PLUS 4 1111

d. Address

Street 1: 400 East Tuscarawas Street
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44702

e. Organizational Unit (optional)

Department Name: Special Programs
Division Name:

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

Prefix: Mr.
First Name: Martin
Middle Name: J
Last Name: Chumney
Suffix:
Title: HCV Program Director
Organizational Affiliation: Stark Metropolitan Housing Authority
Telephone Number: (330) 454-8051
Extension: 312
Fax Number: (330) 580-9000
Email: mchumney@starkmha.org
1C. SF-424 Application Details

9. Type of Applicant: La. Public Housing Authority

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
Ohio
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project:
Gateway House II SPC Phase II

16. Congressional District(s):
   a. Applicant: OH-007
   (for multiple selections hold CTRL key)
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 11/01/2020
   b. End Date: 10/31/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
       c. State:
       d. Local:
       e. Other:
   f. Program Income:
   g. Total:
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: X

21. Authorized Representative

Prefix: Mr.
First Name: Herman
Middle Name: L
Last Name: Hill
Title: Executive Director
Telephone Number: (330) 454-8051
(Format: 123-456-7890)
Fax Number: (330) 454-8065
(Format: 123-456-7890)
Email: hhill@starkmha.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/16/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Stark Metropolitan Housing Authority
Prefix: Mr.
First Name: Herman
Middle Name: L
Last Name: Hill
Suffix: 
Title: Executive Director
Organizational Affiliation: Stark Metropolitan Housing Authority
Telephone Number: (330) 454-8051
Extension: 332
Email: hhill@starkmha.org
City: Canton
County: Stark
State: Ohio
Country: United States
Zip/Postal Code: 44702

2. Employer ID Number (EIN): 34-6000508

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $209,362.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Gateway House II SPC Phase II 400 East Tuscarawas Street Canton Ohio

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? (For further information, see 24 CFR Sec. 4.3).

   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

Part III Interested Parties

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>09/17/2019</td>
</tr>
</tbody>
</table>
Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Herman Hill, Executive Director

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

Date Signed: 08/02/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Stark Metropolitan Housing Authority
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ——
   (1) The dangers of drug abuse in the workplace
   (2) The Applicant’s policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ——
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ——
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I X

Applicant: Stark Metropolitan Housing Authority
Project: Gateway House II SPC Phase II

OH018
173246

Renewal Project Application FY2019 Page 12 09/17/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.
First Name: Herman
Middle Name: L
Last Name: Hill

Suffix:

Title: Executive Director

Telephone Number: (330) 454-8051
(Format: 123-456-7890)

Fax Number: (330) 454-8065
(Format: 123-456-7890)

Email: hhill@starkmha.org

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

Date Signed: 09/16/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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: Stark Metropolitan Housing Authority

Name / Title of Authorized Official: Herman Hill, Executive Director

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

Date Signed: 09/16/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Stark Metropolitan Housing Authority
Street 1: 400 East Tuscarawas Street
Street 2: 
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44702

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Mr.
First Name: Herman
Middle Name: L
Last Name: Hill
Suffix:
Title: Executive Director

Telephone Number: (330) 454-8051
(Format: 123-456-7890)

Fax Number: (330) 454-8065
(Format: 123-456-7890)

Email: hhill@starkmha.org

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

Date Signed: 09/16/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the standalone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants' ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

   Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

   This project is limited to 25 units within this building and we were unable to utilize all of the allocated rental assistance funds.
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items.

Total Expected Sub-Awards: $0
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH323
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: Gateway House II SPC Phase II

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

The SPC PRA program strictly adheres to the Housing First philosophy & is designed to provide project-based rental assistance to 25 homeless, disabled individuals at Gateway II, a 39 unit PSH program in Canton. The program targets disabled individuals targeting those who are chronically homeless who have zero to low incomes; who are seriously mentally ill and/or who have chronic drug or alcohol addictions.

Regardless of poor financial or rental history, minor criminal convictions, or behaviors that indicate a lack of housing readiness, eligible participants have incomes at or below 50% of AMI & are living in streets, shelters, or displaced by domestic violence at program entrance. Referrals are accepted regardless of their sobriety, use of substances or completion of treatment.

SMHA is an active participant in the Homeless Continuum of Care of Stark (HCCSC). HCCSC has established a central intake & coordinated assessment, & referral system (CIAPRS). All homeless service providers in Stark County that are receiving Continuum of Care, are required to participate in the CIAPRS.

The County’s Homeless Hotline & HMIS staff is responsible for managing the CIAPRS, maintaining a central waiting list of clients for all program categories, & referring clients to providers for housing. All persons seeking housing assistance must be referred initially to the Homeless Hotline. Hotline staff is responsible for collecting information about clients; conducting an initial evaluation of their housing status, needs, & resources. The Hotline maintains a central register of clients awaiting housing & assign places on that waiting list to registered clients for shelter or housing in the order of priority.

First priority is placed on chronically homeless (CH) individuals & families with the longest history of homelessness & with the most severe service needs, followed by CH Individuals & families with the longest history of homelessness, CH individuals & families with the most severe service needs, then all other CH individuals & families.

Continuum of Care-funded providers of permanent supportive housing must fill vacancies from the central waiting list, offering available units to clients on that list in the order of priority assigned to them by the Hotline. Before admitting any clients to a program, SMHA will meet the client to conduct a personal interview, verify basic facts, & review the documentation required to certify their eligibility.
Participants are offered both on-site and community based services. Support services are voluntary & emphasize engagement & problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of tenancy. Participants receive an ongoing assessment of needs.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update)

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>
### 3d. Does the project follow a "Housing First" approach?

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

Yes
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

DedicatedPLUS
### 4A. Supportive Services for Participants

**1.** For all supportive services available to participants, indicate who will provide them and how often they will be provided.

**Click 'Save' to update.**

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

**2. Please identify whether the project includes the following activities:**

- **2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes
- **2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

**3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** Yes

- **3a. 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: 75
Total Beds: 77
Total Dedicated CH Beds: 67

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 25
   b. Beds: 27

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   17
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 626 Walnut Ave. NE
   Street 2:  
   City: Canton
   State: Ohio
   ZIP Code: 44702

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   399151 Stark County

4B. Housing Type and Location Detail
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 36
   b. Beds: 36

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 1700 Gateway Bld. NE
   Street 2:
   City: Canton
   State: Ohio
   ZIP Code: 44707

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   399151 Stark County

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments
2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 14
   b. Beds: 14

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   14
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 626 Walnut St. NE
   Street 2:
   City: Canton
   State: Ohio
   ZIP Code: 44702

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   399151 Stark County
5A. Project Participants - Households

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<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>3</td>
<td>75</td>
<td>0</td>
<td>78</td>
</tr>
<tr>
<td>Characteristics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>3</td>
<td>74</td>
<td>0</td>
<td>77</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>7</td>
<td>77</td>
<td>0</td>
<td>84</td>
</tr>
<tr>
<td>Total Persons</td>
<td>7</td>
<td>77</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total Persons</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>23</td>
<td>1</td>
<td>2</td>
<td>33</td>
<td>0</td>
<td>32</td>
<td>23</td>
<td>13</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total Persons</td>
<td>24</td>
<td>1</td>
<td>2</td>
<td>33</td>
<td>0</td>
<td>33</td>
<td>24</td>
<td>13</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Describe the unlisted subpopulations referred to above:

Subpopulations include those with low intellectual functioning yet not developmentally disabled. There is currently an adult mother and adult son living in one unit who do not represent any of the categories listed above. Children living in Gateway II are referred to case management specific to children, and therefore not represented above.
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  Yes

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures  X
   - Rental Assistance  X
   - Supportive Services X
   - Operating
   - HMIS
6C. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRA</td>
<td>OH - Canton-Massillon, OH MSA</td>
<td>25</td>
<td>$133,608</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $133,608
Total Units: 25
Type of Rental Assistance: PRA

Metropolitan or non-metropolitan fair market rent area: OH - Canton-Massillon, OH MSA (3901999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$355</td>
<td>$355</td>
<td>x 12 $0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>19</td>
<td>$473</td>
<td>$400</td>
<td>x 12 $91,200</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>4</td>
<td>$539</td>
<td>$525</td>
<td>x 12 $25,200</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>2</td>
<td>$717</td>
<td>$717</td>
<td>x 12 $17,208</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$916</td>
<td>$916</td>
<td>x 12 $0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$977</td>
<td>$977</td>
<td>x 12 $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,124</td>
<td>$1,124</td>
<td>x 12 $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,270</td>
<td>$1,270</td>
<td>x 12 $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,417</td>
<td>$1,417</td>
<td>x 12 $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$1,563</td>
<td>$1,563</td>
<td>x 12 $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$1,710</td>
<td>$1,710</td>
<td>x 12 $0</td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested 25 $133,608

Grant Term 1 Year

Total Request for Grant Term $133,608

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$52,341</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$52,341</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Stark Mental Heal...</td>
<td>08/01/2019</td>
<td>$52,341</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Stark Mental Health Addiction Recovery
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/01/2019
6. Value of Written Commitment: $52,341

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.
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$133,608</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$56,721</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$190,329</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$19,033</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$209,362</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$52,341</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$52,341</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$261,703</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
### 7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Stark Metropolitan Housing Authority

Project: Gateway House II SPC Phase II
Attachment Details

Document Description:
7B. Certification

A. For all projects:
Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official** Herman Hill  
**Date:** 09/16/2019  
**Title:** Executive Director  
**Applicant Organization:** Stark Metropolitan Housing Authority
Applicant: Stark Metropolitan Housing Authority
Project: Gateway House II SPC Phase II

PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td>X</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

The match amount has increased over the previous grant due to consolidation.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Application Type</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>

### Applicant Information

**Applicant:** Stark Metropolitan Housing Authority

**Project:** Gateway House II SPC Phase II
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/08/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/06/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/06/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/16/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: OH0421

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
a. Legal Name: Stark Metropolitan Housing Authority
b. Employer/Taxpayer Identification Number (EIN/TIN): 34-6000508

c. Organizational DUNS: 010831279 PLUS 4 1111

d. Address
   Street 1: 400 East Tuscarawas Street
   Street 2:
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip / Postal Code: 44702

e. Organizational Unit (optional)
   Department Name: Special Programs
   Division Name:

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
   First Name: Martin
   Middle Name: J
   Last Name: Chumney
   Suffix:
   Title: HCV Program Director
   Organizational Affiliation: Stark Metropolitan Housing Authority
   Telephone Number: (330) 454-8051
Extension: 312
Fax Number: (330) 580-9000
Email: mchumney@starkmha.org
1C. SF-424 Application Details

9. Type of Applicant: La. Public Housing Authority

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Ohio
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Shelter Plus Care Hunter House

16. Congressional District(s):
   a. Applicant: OH-007
      (for multiple selections hold CTRL key)
   b. Project: OH-007
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 09/01/2020
   b. End Date: 08/31/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
   g. Total:
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: X

21. Authorized Representative

Prefix: Mr.
First Name: Herman
Middle Name: L
Last Name: Hill
Suffix: 
Title: Executive Director
Telephone Number: (330) 454-8051
(Format: 123-456-7890)
Fax Number: (330) 454-8065
(Format: 123-456-7890)
Email: hhill@starkmha.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/16/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Stark Metropolitan Housing Authority
   Prefix: Mr.
   First Name: Herman
   Middle Name: L
   Last Name: Hill
   Suffix: 
   Title: Executive Director
   Organizational Affiliation: Stark Metropolitan Housing Authority
   Telephone Number: (330) 454-8051
   Extension: 332
   Email: hhill@starkmha.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44702

2. Employer ID Number (EIN): 34-6000508

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $44,484.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Shelter Plus Care Hunter House 400 East Tuscarawas Street Canton Ohio

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? (For further information, see 24 CFR Sec. 4.3).

   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

Part III Interested Parties

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>09/17/2019</td>
</tr>
</tbody>
</table>
Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Herman Hill, Executive Director

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

Date Signed: 08/12/2019
### 1H. HUD 50070

#### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Stark Metropolitan Housing Authority  
**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:

<table>
<thead>
<tr>
<th>I certify that the above named Applicant will or will continue to provide a drug-free workplace by:</th>
<th>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</td>
<td>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</td>
</tr>
<tr>
<td>b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
<td>g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
<tr>
<td>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</td>
<td></td>
</tr>
<tr>
<td>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</td>
<td></td>
</tr>
</tbody>
</table>

#### 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.  

[Signature]

Renewal Project Application FY2019  
Page 12  
09/17/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.
First Name: Herman
Middle Name L
Last Name: Hill
Suffix:
Title: Executive Director
Telephone Number: (330) 454-8051
(Format: 123-456-7890)
Fax Number: (330) 454-8065
(Format: 123-456-7890)
Email: hhill@starkmha.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/16/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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: Stark Metropolitan Housing Authority

Name / Title of Authorized Official: Herman Hill, Executive Director

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

Date Signed: 09/16/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Stark Metropolitan Housing Authority
Street 1: 400 East Tuscarawas Street
Street 2: 
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44702

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

I certify that this information is true and complete. ❑
Authorized Representative

Prefix:  Mr.
First Name:  Herman
Middle Name:  L
Last Name:  Hill
Suffix:  
Title:  Executive Director

Telephone Number:  (330) 454-8051  
(Format: 123-456-7890)
Fax Number:  (330) 454-8065  
(Format: 123-456-7890)

Email:  hhill@starkmha.org

Signature of Authorized Official:  Considered signed upon submission in e-snaps.
Date Signed:  09/16/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a ‘Combined Renewal Expansion’ project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

   Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

   The most recently expired grant was a five year grant with two one year extensions. Of the total grant of $210,780....$184,681 was expended leaving a remaining balance of $26,099.
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.  

   No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0421
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: Shelter Plus Care Hunter House

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Project houses chronic homeless individuals with a dual diagnosis of mental illness and substance abuse. On site services are provided by a local mental health organization who case manages the clients.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Applicant: Stark Metropolitan Housing Authority  
Project: Shelter Plus Care Hunter House  
Renewal Project Application FY2019  
Page 24  
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### 3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

### 3d. Does the project follow a "Housing First" approach?  
Yes
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? [Yes]

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? [Yes]

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? [Yes]

3a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type:  Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  7
   b. Beds:  7

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   7
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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:  1114 Gonder AVe SE
   Street 2:  
   City:  Canton
   State:  Ohio
   ZIP Code:  44707

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   390858 Canton
5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2019       Page 31       09/17/2019
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance  X
   - Supportive Services
   - Operating
   - HMIS
# 6C. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRA</td>
<td>OH - Canton-Massillon, OH MSA (390199...)</td>
<td>7</td>
<td>$40,956</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $40,956

Total Units: 7
### Rental Assistance Budget Detail

**Type of Rental Assistance:** PRA

**Metropolitan or non-metropolitan fair market rent area:** OH - Canton-Massillon, OH MSA (3901999999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** Yes

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$355</td>
<td>$355</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>1</td>
<td>$473</td>
<td>$473</td>
<td>x 12</td>
<td>$5,676</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>6</td>
<td>$539</td>
<td>$490</td>
<td>x 12</td>
<td>$35,280</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$717</td>
<td>$717</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$916</td>
<td>$916</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$977</td>
<td>$977</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,124</td>
<td>$1,124</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,270</td>
<td>$1,270</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,417</td>
<td>$1,417</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$1,563</td>
<td>$1,563</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$1,710</td>
<td>$1,710</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>7</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$40,956</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grant Term</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Request for Grant Term</td>
<td>1 Year</td>
</tr>
<tr>
<td></td>
<td><strong>$40,956</strong></td>
</tr>
</tbody>
</table>

**Click the 'Save' button to automatically calculate totals.**

**Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.**
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $0 |
| Total Value of In-Kind Commitments: | $11,121 |
| Total Value of All Commitments: | $11,121 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Stark MHAR</td>
<td>08/01/2019</td>
<td>$11,121</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Stark MHAR
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/01/2019
6. Value of Written Commitment: $11,121

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.
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$40,956</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$40,956</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$3,528</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$44,484</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$11,121</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$11,121</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$55,605</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**

Herman Hill  
**Date:** 09/16/2019  
**Title:** Executive Director  
**Applicant Organization:** Stark Metropolitan Housing Authority
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

X

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

X
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
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</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
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</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
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</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Made a few changes from the previous grant application concerning APR timeliness and Budget detail.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
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</table>

Renewal Project Application FY2019 Page 47 09/17/2019
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
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<tbody>
<tr>
<td>1C. SF-424 Application Details</td>
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<td>1D. SF-424 Congressional District(s)</td>
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<tr>
<td>1E. SF-424 Compliance</td>
<td>08/02/2019</td>
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<tr>
<td>1F. SF-424 Declaration</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/02/2019</td>
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<tr>
<td>1I. Cert. Lobbying</td>
<td>08/02/2019</td>
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<tr>
<td>1J. SF-LLL</td>
<td>08/02/2019</td>
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<tr>
<td>Recipient Performance</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/02/2019</td>
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<td>Renewal Grant Consolidation</td>
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<tr>
<td>2A. Subrecipients</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/02/2019</td>
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<tr>
<td>3B. Description</td>
<td>08/02/2019</td>
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<tr>
<td>3C. Dedicated Plus</td>
<td>08/14/2019</td>
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<tr>
<td>4A. Services</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/12/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
   If "Other", specify:
   3. Date Received: 09/16/2019

4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: OH0240

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Stark Metropolitan Housing Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-6000508

   c. Organizational DUNS: 010831279 PLUS 4 1111

   d. Address
      Street 1: 400 East Tuscarawas Street
      City: Canton
      County: Stark
      State: Ohio
      Country: United States
      Zip / Postal Code: 44702

   e. Organizational Unit (optional)
      Department Name: Special Programs
      Division Name:

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: Martin
      Middle Name: J
      Last Name: Chumney
      Suffix:
      Title: HCV Program Director
      Organizational Affiliation: Stark Metropolitan Housing Authority
      Telephone Number: (330) 454-8051
Extension: 312
Fax Number: (330) 580-9000
Email: mchumney@starkmha.org
1C. SF-424 Application Details

9. **Type of Applicant:** La. Public Housing Authority

10. **Name of Federal Agency:** Department of Housing and Urban Development

11. **Catalog of Federal Domestic Assistance**
   - Title: CoC Program
   - CFDA Number: 14.267

12. **Funding Opportunity Number:** FR-6300-N-25
   - Title: Continuum of Care Homeless Assistance Competition

13. **Competition Identification Number:**
   - Title:
14. Area(s) affected by the project (State(s) only): Ohio
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Shelter Plus Care TRA

16. Congressional District(s):
   a. Applicant: OH-007
      (for multiple selections hold CTRL key)
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 06/01/2020
   b. End Date: 05/31/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
   e. Other:
   f. Program Income:
   g. Total:
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: X

21. Authorized Representative

Prefix: Mr.
First Name: Herman
Middle Name: L
Last Name: Hill
Suffix:
Title: Executive Director
Telephone Number: (330) 454-8051
Fax Number: (330) 454-8065
Email: hhill@starkmha.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/16/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Stark Metropolitan Housing Authority
   Prefix: Mr.
   First Name: Herman
   Middle Name: L
   Last Name: Hill
   Suffix: 
   Title: Executive Director
   Organizational Affiliation: Stark Metropolitan Housing Authority
   Telephone Number: (330) 454-8051
   Extension: 332
   Email: hhill@starkmha.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44702

2. Employer ID Number (EIN): 34-6000508
3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $412,630.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Shelter Plus Care TRA 400 East Tuscarawas Street Canton Ohio

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? (For further information, see 24 CFR Sec. 4.3).

Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

Part III Interested Parties

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>09/17/2019</td>
</tr>
</tbody>
</table>
Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Herman Hill, Executive Director

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

Date Signed: 08/02/2019
HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Stark Metropolitan Housing Authority

**Program/Activity Receiving Federal Grant Funding:** CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

- **a.** Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

- **b.** Establishing an on-going drug-free awareness program to inform employees —
  1. The dangers of drug abuse in the workplace
  2. The Applicant's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

- **c.** Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

- **d.** Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

- **e.** Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- **f.** Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted —
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

- **g.** Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

**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 X
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.
First Name: Herman
Middle Name: L
Last Name: Hill
Suffix: 
Title: Executive Director

Telephone Number: (330) 454-8051
(Format: 123-456-7890)

Fax Number: (330) 454-8065
(Format: 123-456-7890)

Email: hhill@starkmha.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/16/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant’s Organization: Stark Metropolitan Housing Authority

Name / Title of Authorized Official: Herman Hill, Executive Director

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

Date Signed: 09/16/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Stark Metropolitan Housing Authority
Street 1: 400 East Tuscarawas Street
Street 2:
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44702

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Mr.
First Name: Herman
Middle Name: L
Last Name: Hill
Suffix:
Title: Executive Director

Telephone Number: (330) 454-8051
(Format: 123-456-7890)
Fax Number: (330) 454-8065
(Format: 123-456-7890)

Email: hhill@starkmha.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 09/16/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the standalone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

   Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

   The most recently completed grant had an ending date of 5/31/2019. Of the total grant of $416,953, $394,721 was expended leaving an available balance of $22,232.
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.

Applicant: Stark Metropolitan Housing Authority
Project: Shelter Plus Care TRA
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0240
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: Shelter Plus Care TRA

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

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

The SPC TRA program strictly adheres to the Housing First philosophy & is designed to provide rental assistance to 65 units for homeless, disabled individuals & their families targeting those with MI, AoD & AIDS.

Regardless of poor financial or rental history, minor criminal convictions, or behaviors that indicate a lack of housing readiness, eligible participants have incomes at or below 50% of AMI & are living in streets, shelters or transitional housing, or displaced by domestic violence at program entrance. Referrals are accepted regardless of their sobriety, use of substances or completion of treatment.

SMHA is an active participant in the Homeless Continuum of Care of Stark (HCCSC). HCCSC has established a central intake & coordinated assessment, prioritization, & referral system (CIAPRS). All homeless service providers in Stark County that are receiving Continuum of Care, are required to participate in the CIAPRS.

The County’s Homeless Hotline & HMIS staff is responsible for managing the CIAPRS, prioritizing applications for assistance, maintaining a central waiting list of clients for all program categories, & referring clients to providers for housing. All persons seeking housing assistance must be referred initially to the Homeless Hotline. Hotline staff is responsible for collecting information about clients; conducting an initial evaluation of their housing status, needs, & resources. The Hotline maintains a central register of clients awaiting housing & assign places on that waiting list to registered clients for shelter or housing in the order of priority.

First priority is placed on chronically homeless (CH) individuals & families with the longest history of homelessness & with the most severe service needs, followed by CH Individuals & families with the longest history of homelessness, CH individuals & families with the most severe service needs, then all other CH individuals & families.

Continuum of Care-funded providers of permanent supportive housing must fill vacancies from the central waiting list, offering available units to clients on that list in the order of priority assigned to them by the Hotline. Before admitting any clients to a program, SMHA will meet the client to conduct a personal interview, verify basic facts, & review the documentation required to certify their eligibility for the Program.

Participants are offered support services through contract agencies of Stark MHAR that are voluntary & emphasize engagement & problem-solving over therapeutic goals. Participants receive an ongoing assessment of needs. Participation in services or program compliance is not a condition of tenancy. Participants receive an ongoing assessment of needs.
Funds will provide 65 affordable housing units. Housing includes any available rental housing in Stark County chosen by the participant that meets program requirements & owners are willing to participate in the program.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update)

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income [X]
- Active or history of substance use [X]
- Having a criminal record with exceptions for state-mandated restrictions [X]
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse) [X]
- None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services [X]
### 3d. Does the project follow a "Housing First" approach?

| Failure to make progress on a service plan | X |
| Loss of income or failure to improve income | X |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area | X |
| None of the above |   |

Applicant: Stark Metropolitan Housing Authority

Project: Shelter Plus Care TRA

Renewal Project Application FY2019 Page 26 09/17/2019
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? No

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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: 65
Total Beds: 96
Total Dedicated CH Beds: 56

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>65</td>
<td>96</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   
a. **Units:** 65
   
b. **Beds:** 96

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   
   56
   
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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:** Scattered Sites
   
   **Street 2:**
   
   **City:** Canton, Massillon, Alliance
   
   **State:** Ohio
   
   **ZIP Code:** 44702

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)

   399151 Stark County
This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

## 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>16</td>
<td>49</td>
<td>0</td>
<td>65</td>
</tr>
</tbody>
</table>

### Click Save to automatically calculate totals

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>16</td>
<td>49</td>
<td>0</td>
<td>65</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>31</td>
<td>0</td>
<td>0</td>
<td>31</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>47</td>
<td>49</td>
<td>0</td>
<td>96</td>
</tr>
</tbody>
</table>
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>16</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>31</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>47</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>49</td>
<td>0</td>
<td>0</td>
<td>25</td>
<td>2</td>
<td>29</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>49</td>
<td>0</td>
<td>0</td>
<td>25</td>
<td>2</td>
<td>29</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
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<tr>
<td>--------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unaccompanied Children under age 18</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance  X
   - Supportive Services
   - Operating
   - HMIS
6C. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>OH - Canton-Massillon, OH MSA (390199...)</td>
<td>65</td>
<td>$375,492</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $375,492
Total Units: 65
## Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** OH - Canton-Massillon, OH MSA (3901999999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** Yes

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$355</td>
<td>$355</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$473</td>
<td>$473</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>49</td>
<td>$539</td>
<td>$352</td>
<td>x 12</td>
<td>$206,976</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>4</td>
<td>$717</td>
<td>$717</td>
<td>x 12</td>
<td>$34,416</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>9</td>
<td>$916</td>
<td>$916</td>
<td>x 12</td>
<td>$98,928</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>3</td>
<td>$977</td>
<td>$977</td>
<td>x 12</td>
<td>$35,172</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,124</td>
<td>$1,124</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,270</td>
<td>$1,270</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,417</td>
<td>$1,417</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$1,563</td>
<td>$1,563</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$1,710</td>
<td>$1,710</td>
<td>x 12</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 65

**Grant Term:** 1 Year

**Total Request for Grant Term:** $375,492

---

Click the 'Save' button to automatically calculate totals.
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$103,158</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$103,158</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Mental Health and...</td>
<td>08/01/2019</td>
<td>$103,158</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Mental Health and Recovery Services Board of Stark County (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/01/2019
6. Value of Written Commitment: $103,158

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.
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$375,492</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$375,492</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$37,138</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$412,630</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$103,158</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$103,158</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$515,788</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
## 7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Stark Metropolitan Housing Authority
Project: Shelter Plus Care TRA

Renewal Project Application FY2019 Page 43 09/17/2019
Attachment Details

Document Description:
7B. Certification

A. For all projects:
Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Herman Hill

Date: 09/16/2019

Title: Executive Director

Applicant Organization: Stark Metropolitan Housing Authority
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
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<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
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<tr>
<td>3B. Description</td>
<td>X</td>
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<tr>
<td>3C. Dedicated Plus</td>
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</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
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<tbody>
<tr>
<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
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<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
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<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
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</table>

Applicant: Stark Metropolitan Housing Authority
Project: Shelter Plus Care TRA

Renewal Project Application FY2019 Page 48 09/17/2019
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

We have requested changes in the bedroom size make up of the units.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

<table>
<thead>
<tr>
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<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/02/2019</td>
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<td>1B. SF-424 Legal Applicant</td>
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Applicant: Stark Metropolitan Housing Authority
Project: Shelter Plus Care TRA
<table>
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<tr>
<th>Section</th>
<th>Date</th>
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<tbody>
<tr>
<td>1C. SF-424 Application Details</td>
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<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/08/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
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<tr>
<td>1F. SF-424 Declaration</td>
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<tr>
<td>1G. HUD-2880</td>
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<td>1H. HUD-50070</td>
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<td>1I. Cert. Lobbying</td>
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<td>1J. SF-LLL</td>
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<td>Recipient Performance</td>
<td>08/15/2019</td>
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<td>Renewal Expansion</td>
<td>08/02/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/02/2019</td>
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<td>3B. Description</td>
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<tr>
<td>3C. Dedicated Plus</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
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<td>7A. Attachment(s)</td>
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<td>7A. In-Kind Match MOU Attachment</td>
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<tr>
<td>7B. Certification</td>
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<tr>
<td>Submission Without Changes</td>
<td>08/06/2019</td>
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</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/16/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: OH0386

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Stark Metropolitan Housing Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-6000508
   c. Organizational DUNS: 010831279 PLUS 4 1111

   d. Address
      Street 1: 400 East Tuscarawas Street
      City: Canton
      County: Stark
      State: Ohio
      Country: United States
      Zip / Postal Code: 44702

   e. Organizational Unit (optional)
      Department Name: Special Programs
      Division Name:

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: Martin
      Middle Name: J
      Last Name: Chumney
      Suffix:
      Title: HCV Program Director
      Organizational Affiliation: Stark Metropolitan Housing Authority
      Telephone Number: (330) 454-8051
Extension: 312
Fax Number: (330) 580-9000
Email: mchumney@starkmha.org
1C. SF-424 Application Details

9. Type of Applicant: La. Public Housing Authority

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (State(s) only): Ohio
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Shelter Plus Care TRA MHRSB

16. Congressional District(s):
   a. Applicant: OH-007
      (for multiple selections hold CTRL key)
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 10/01/2020
   b. End Date: 09/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: X

21. Authorized Representative

Prefix: Mr.
First Name: Herman
Middle Name: L
Last Name: Hill
Suffix: 
Title: Executive Director
Telephone Number: (330) 454-8051
(Format: 123-456-7890)
Fax Number: (330) 454-8065
(Format: 123-456-7890)
Email: hhill@starkmha.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/16/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Stark Metropolitan Housing Authority
   Prefix: Mr.
   First Name: Herman
   Middle Name: L
   Last Name: Hill
   Suffix: 
   Title: Executive Director
   Organizational Affiliation: Stark Metropolitan Housing Authority
   Telephone Number: (330) 454-8051
   Extension: 332
   Email: hhill@starkmha.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44702

2. Employer ID Number (EIN): 34-6000508
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $41,580.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:
Shelter Plus Care TRA MHRSB 400 East Tuscarawas Street Canton Ohio

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? (For further information, see 24 CFR Sec. 4.3).
   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

Part III Interested Parties

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>09/17/2019</td>
</tr>
</tbody>
</table>
### Certification

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

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

I AGREE: X

**Name / Title of Authorized Official:** Herman Hill, Executive Director

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

**Date Signed:** 08/02/2019

---

<table>
<thead>
<tr>
<th>reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>or Employee ID No.</th>
<th>Participation</th>
<th>in Project/Activity ($)</th>
<th>in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
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</table>
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Stark Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---
   (1) The dangers of drug abuse in the workplace
   (2) The Applicant’s policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

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

X

Renewal Project Application FY2019

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acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.
First Name: Herman
Middle Name L
Last Name: Hill
Suffix:
Title: Executive Director

Telephone Number: (330) 454-8051
(Format: 123-456-7890)

Fax Number: (330) 454-8065
(Format: 123-456-7890)

Email: hhill@starkmha.org

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

Date Signed: 09/16/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant’s Organization: Stark Metropolitan Housing Authority

Name / Title of Authorized Official: Herman Hill, Executive Director

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

Date Signed: 09/16/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

- No

Legal Name: Stark Metropolitan Housing Authority
Street 1: 400 East Tuscarawas Street
Street 2:
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44702

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. 

[Signature]
Authorized Representative

Prefix: Mr.
First Name: Herman
Middle Name: L
Last Name: Hill
Suffix:
Title: Executive Director

Telephone Number: (330) 454-8051
(Format: 123-456-7890)
Fax Number: (330) 454-8065
(Format: 123-456-7890)

Email: hhill@starkmha.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 09/16/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

During the most recently completed grant term ending 9/30/18...the project spent $38,959 of the $39,767 allocated...leaving a return balance of $808.
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Expected Sub-Awards: $0

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0386
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: Shelter Plus Care TRA MHRSB

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

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

The Program strictly adheres to the Housing First philosophy & is designed to provide rental assistance to 7 homeless, disabled individuals targeting those with with MI, or dually diagnosed (MI & AoD) & adult serial inebriates.

Regardless of poor financial or rental history, minor criminal convictions, or behaviors that indicate a lack of housing readiness, eligible participants have incomes at or below 50% of AMI & are living in streets, shelters or displaced by domestic violence at program entrance. Referrals are accepted regardless of their sobriety, use of substances or completion of treatment.

SMHA is an active participant in the Homeless Continuum of Care (HCCSC). HCCSC has established a central intake & coordinated assessment, prioritization, & referral system (CIAPRS). All homeless service providers in Stark County that are receiving Continuum of Care, are required to participate in the CIAPRS.

The County’s Homeless Hotline & HMIS staff is responsible for managing the CIAPRS, prioritizing applications for assistance, maintaining a central waiting list of clients for all program categories, & referring clients to providers for housing. All persons seeking housing assistance must be referred initially to the Homeless Hotline. Hotline staff is responsible for collecting information about clients; conducting an initial evaluation of their housing status, needs, & resources. The Hotline maintains a central register of clients awaiting housing & assign places on that waiting list to registered clients for shelter or housing in the order of priority.

First priority is placed on chronically homeless (CH) individuals & families with the longest history of homelessness & with the most severe service needs, followed by CH Individuals & families with the longest history of homelessness, CH individuals & families with the most severe service needs, then all other CH individuals & families.

Continuum of Care-funded providers of permanent supportive housing must fill vacancies from the central waiting list, offering available units to clients on that list in the order of priority assigned to them by the Hotline. Before admitting any clients to a program, SMHA will meet the client to conduct a personal interview, verify basic facts, & review the documentation required to certify their eligibility for the Program.

Participants are offered support services through contract agencies of the MHRSB that are voluntary & emphasize engagement & problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of tenancy. Participants receive an ongoing assessment of needs.

Funds will provide 7 affordable housing units. Housing includes any available
rental housing in Stark County chosen by the participant that meets program requirements & owners are willing to participate in the program.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (Click ‘Save’ to update)

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
</tbody>
</table>
### 3d. Does the project follow a "Housing First" approach?

Yes

<table>
<thead>
<tr>
<th>Loss of income or failure to improve income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  No

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?  Yes

3. Do project participants have access to

Yes

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SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 7
Total Beds: 7
Total Dedicated CH Beds: 7

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (…)</td>
<td>---</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

Applicant: Stark Metropolitan Housing Authority
Project: Shelter Plus Care TRA MHRSB

Renewal Project Application FY2019  Page 30  09/17/2019
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 7
   b. Beds: 7

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   7

   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: Scattered Sites
   Street 2:
   City: Canton, Massillon, Alliance
   State: Ohio
   ZIP Code: 44702

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   399151 Stark County
### 5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>7</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronically Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronically Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronically Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? Yes

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services
   - Operating
   - HMIS
6C. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>OH - Canton-Massillon, OH MSA (390199...)</td>
<td>7</td>
<td>$37,800</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $37,800
Total Units: 7
Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** OH - Canton-Massillon, OH MSA (3901999999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** Yes

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>0</td>
<td>$355</td>
<td>$355</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>0</td>
<td>$473</td>
<td>$473</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>7</td>
<td>$539</td>
<td>$450</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>0</td>
<td>$717</td>
<td>$717</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>0</td>
<td>$916</td>
<td>$916</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>0</td>
<td>$977</td>
<td>$977</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>0</td>
<td>$1,124</td>
<td>$1,124</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td></td>
<td>$1,270</td>
<td>$1,270</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>0</td>
<td>$1,417</td>
<td>$1,417</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>0</td>
<td>$1,563</td>
<td>$1,563</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>0</td>
<td>$1,710</td>
<td>$1,710</td>
<td>x</td>
<td>12</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 7

**Grant Term:** 1 Year

**Total Request for Grant Term:** $37,800

Click the 'Save' button to automatically calculate totals.
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

### Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$10,395</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$10,395</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Stark County Ment...</td>
<td>08/01/2019</td>
<td>$10,395</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Stark County Mental Health and Recovery Services Board

   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/01/2019

6. Value of Written Commitment: $10,395

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.
The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$37,800</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$37,800</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$3,780</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$41,580</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$10,395</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$10,395</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$51,975</td>
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</table>
## 7A. Attachment(s)

<table>
<thead>
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<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
## 7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part 1), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  
Herman Hill

**Date:** 09/16/2019

**Title:** Executive Director

**Applicant Organization:** Stark Metropolitan Housing Authority
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? **No**

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. **Make changes**

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td>X</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
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<tr>
<td>4B. Housing Type</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
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</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

The program is seeking to fund seven units during this grant period.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
Applicant: Stark Metropolitan Housing Authority
Project: Shelter Plus Care TRA MHRSB

8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C. SF-424 Application Details</td>
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<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/08/2019</td>
<td></td>
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<td>1E. SF-424 Compliance</td>
<td>08/02/2019</td>
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<tr>
<td>1F. SF-424 Declaration</td>
<td>08/02/2019</td>
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<tr>
<td>1G. HUD-2880</td>
<td>08/02/2019</td>
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<td>1H. HUD-50070</td>
<td>08/02/2019</td>
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<tr>
<td>1I. Cert. Lobbying</td>
<td>08/02/2019</td>
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<tr>
<td>1J. SF-LLL</td>
<td>08/02/2019</td>
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<tr>
<td>Recipient Performance</td>
<td>08/15/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/02/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/02/2019</td>
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<tr>
<td>2A. Subrecipients</td>
<td></td>
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</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/02/2019</td>
<td></td>
</tr>
<tr>
<td>3B. Description</td>
<td>09/12/2019</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/02/2019</td>
<td></td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/02/2019</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/02/2019</td>
<td></td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/02/2019</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/02/2019</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>09/16/2019</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>09/16/2019</td>
<td></td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td></td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td></td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/05/2019</td>
<td></td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/14/2019</td>
<td></td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/22/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: OH0241
   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Stark County Mental Health & Addiction Recovery

b. Employer/Taxpayer Identification Number (EIN/TIN): 34-6002718

c. Organizational DUNS: 795065549

PLUS 4

d. Address

Street 1: 121 Cleveland Avenue S.W.

Street 2:

City: Canton

County: Stark

State: Ohio

Country: United States

Zip / Postal Code: 44702

e. Organizational Unit (optional)

Department Name: Partner Solutions

Division Name:

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

Prefix: Ms.

First Name: Jennifer

Middle Name: Prater

Last Name: Keaton

Suffix:

Title: Program Manager

Organizational Affiliation: Stark County Mental Health & Addiction Recovery
Telephone Number: (330) 430-3964
Extension: 
Fax Number: (330) 454-2484
Email: Jennifer.Keaton@StarkMHAR.org
1C. SF-424 Application Details

9. Type of Applicant:  
B. County Government

10. Name of Federal Agency:  
Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:  
   Title:
14. Area(s) affected by the project (State(s) only): Ohio
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Stark County HMIS System Coordination

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
   (for multiple selections hold CTRL key)
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 10/01/2020
   b. End Date: 09/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: X

21. Authorized Representative

Prefix: Mr.
First Name: John
Middle Name: Robert
Last Name: Aller
Suffix:
Title: Executive Director
Telephone Number: (330) 455-6644
(Format: 123-456-7890)
Fax Number: (330) 454-2484
(Format: 123-456-7890)
Email: John.Aller@starkmhar.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Stark County Mental Health & Addiction Recovery
   Prefix: Mr.
   First Name: John
   Middle Name: Robert
   Last Name: Aller
   Title: Executive Director

   Organizational Affiliation: Stark County Mental Health & Addiction Recovery

   Telephone Number: (330) 455-6644
   Extension:

   Email: John.Aller@starkmhar.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44702

2. Employer ID Number (EIN): 34-6002718

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance
   Requested/Received: $107,446.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:
Stark County HMIS System Coordination 121 Cleveland Avenue S.W. Canton Ohio
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? (For further information, see 24 CFR Sec. 4.3).
Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.
No

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

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

I AGREE: X

Name / Title of Authorized Official: John Aller, Executive Director
Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 07/29/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Stark County Mental Health & Addiction Recovery

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---
(1) The dangers of drug abuse in the workplace
(2) The Applicant’s policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
(1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

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

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

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

X

Renewal Project Application FY2019
Page 11
08/23/2019
documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.
First Name: John
Middle Name: Robert
Last Name: Aller
Suffix: 
Title: Executive Director
Telephone Number: (330) 455-6644
(Format: 123-456-7890)
Fax Number: (330) 454-2484
(Format: 123-456-7890)
Email: John.Aller@starkmhar.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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: Stark County Mental Health & Addiction Recovery

Name / Title of Authorized Official: John Aller, Executive Director

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

Date Signed: 08/22/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Stark County Mental Health & Addiction Recovery
Street 1: 121 Cleveland Avenue S.W.
Street 2:
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44702

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 X
Authorized Representative

Prefix:  Mr.
First Name:  John
Middle Name:  Robert
Last Name:  Aller
Suffix:  
Title:  Executive Director
Telephone Number:  (330) 455-6644
(Format: 123-456-7890)
Fax Number:  (330) 454-2484
(Format: 123-456-7890)
Email:  John.Aller@starkmhar.org

Signature of Authorized Official:  Considered signed upon submission in e-snaps.
Date Signed:  08/22/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?
   No
   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
   The APR was submitted late in error.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?
   No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

   No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  
   If "No" click on "Next" or "Save & Next" below to move to the next screen.

   No
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0241
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: Stark County HMIS System Coordination

4. Project Status: Standard

5. Component Type: HMIS

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

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

The Stark County HMIS system tracks data for the Stark County Homeless Continuum of Care (CoC) in Applied Enginuity System (AES), a relational database developed and maintained by Adsystech, Inc. All HMIS Users receive initial training on the platform, and training is offered monthly to all for refreshment purposes. Homeless Navigation Specialists enter initial data for participants who have not been diverted from the homeless system. Projects verify initial information and gather additional data that they enter into the software, especially project information, verification documents, services and outcomes. HMIS monitors completeness and accuracy of data, self-reporting omissions and errors, and reports to projects, the CoC Board and various CoC Committees. HMIS also is responsible for submitting System Performance data, Data Quality reports, Longitudinal System Analysis data, the ESG CAPER, Point-in-Time data (for sheltered and street counts), the Housing Inventory Chart data, as well as numerous other federal, state local and special project reports on behalf of the Continuum (including Racial Disparities). Additionally, HMIS staff conduct all HMIS Privacy & Security, HMIS 101, HMIS Local Administrator, HMIS User Group sessions, and HMIS Agency trainings. The HMIS infrastructure provides for efficient use of staff time, accuracy of data collection and entry, effective and logical database management and SQL reporting done timely and accurately. One member of project staff is formerly homeless. This project is located at the Stark County Mental Health & Addiction Recovery in Canton, serving the entire Stark County Continuum of Care area.

2. Does your project have a specific population focus? No
4A. HMIS Standards

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Is the HMIS currently programmed to collect all required Data Elements as set forth in the 2017 HMIS Data Standards?</td>
<td>Yes</td>
</tr>
<tr>
<td>1b. If no, explain why and the planned steps for compliance. Max. 500 characters</td>
<td></td>
</tr>
<tr>
<td>2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc.)</td>
<td>Yes</td>
</tr>
<tr>
<td>2b. If no, explain why and the planned steps for compliance. Max. 500 characters</td>
<td></td>
</tr>
<tr>
<td>3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?</td>
<td>Yes</td>
</tr>
<tr>
<td>3b. If no, explain why and the planned steps for achieving this. Max. 500 characters</td>
<td></td>
</tr>
<tr>
<td>4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Does your HMIS implementation have a staff person responsible for insuring the</td>
<td>Yes</td>
</tr>
</tbody>
</table>
implementation meets all privacy and security standards as required by HUD and the federal partners?

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? Yes

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.) Yes

a. How long does it take to remove access rights to former HMIS users? Within 24 hours
1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - HMIS [X]
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments</td>
<td></td>
<td>$26,862</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments</td>
<td></td>
<td>$26,862</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Stark County Ment...</td>
<td>08/07/2018</td>
<td>$26,862</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: Stark County Mental Health and Addiction Recovery
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/07/2018

6. Value of Written Commitment: $26,862
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$97,678</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$97,678</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$9,768</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$107,446</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$26,862</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$26,862</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$134,308</td>
</tr>
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</table>

Applicant: Stark County Mental Health & Addiction Recovery

Project: Stark County HMIS System Coordination

Renewal Project Application FY2019
<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit...</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>StarkMHAR HUD HMI...</td>
<td>08/22/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description: StarkMHAR HUD HMIS Match Letter

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereof which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: John Aller

Date: 08/22/2019

Title: Executive Director

Applicant Organization: Stark County Mental Health & Addiction Recovery
Recovery

PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

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

Applicant: Stark County Mental Health & Addiction Recovery
Project: Stark County HMIS System Coordination
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
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<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
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</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
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<tbody>
<tr>
<td>4A. HMIS Standards</td>
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</table>

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<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
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<tbody>
<tr>
<td>Part 6 - Budget Information</td>
<td></td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>7A. Attachment(s)</td>
<td>X</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>X</td>
</tr>
</tbody>
</table>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Change in Admin Costs
The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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</thead>
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<td>1A. SF-424 Application Type</td>
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<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
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<td>1D. SF-424 Congressional District(s)</td>
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<td>1E. SF-424 Compliance</td>
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<td>1F. SF-424 Declaration</td>
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<td>1G. HUD-2880</td>
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<td>Scenario</td>
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<td>1H. HUD-50070</td>
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<td>Renewal Expansion</td>
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<tr>
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<td>No Input Required</td>
</tr>
<tr>
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<td>07/29/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/19/2019</td>
</tr>
</tbody>
</table>
August 1, 2019

US Department of Housing and Urban Development
457 7th Street SW
Washington, DC 20410

To whom it may concern:

Please accept this letter as confirmation that the Partner Solutions Department of the Stark County Mental Health & Addiction Recovery will provide the required matching funds to the HUD OH0241L5E081811 grant in the amount of $26,862. This match includes funding for operational expenses: specifically – personnel, supplies, purchased services, data processing equipment and administration costs associated with the project. Please feel free to direct inquiries for additional information to my attention.

Sincerely,

Stephanie Fakelis
Director of Business Operations,
Stark County MHAR
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
If "Other", specify:
3. Date Received: 08/22/2019

4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: OH0594

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X

6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Stark County Mental Health & Addiction Recovery
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-6002718

d. Address
   Street 1: 121 Cleveland Avenue S.W.

   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip / Postal Code: 44702

c. Organizational DUNS: 795065549

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Jennifer
   Middle Name: Prater
   Last Name: Keaton
   Title: Program Manager
   Organizational Affiliation: Stark County Mental Health & Addiction Recovery

   Division Name:
Telephone Number:  (330) 430-3964

Fax Number:  (330) 454-2484

Email: Jennifer.Keaton@StarkMHAR.org
1C. SF-424 Application Details

9. Type of Applicant: B. County Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
   Ohio
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project:
   Stark County Central Intake and Assessment

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
      (for multiple selections hold CTRL key)
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 09/01/2020
   b. End Date: 08/31/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

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

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

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

    If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix: Mr.
First Name: John
Middle Name: Robert
Last Name: Aller
Suffix:
Title: Executive Director
Telephone Number: (330) 455-6644
(Format: 123-456-7890)
Fax Number: (330) 454-2484
(Format: 123-456-7890)
Email: John.Aller@starkmhar.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Stark County Mental Health & Addiction Recovery
   Prefix: Mr.
   First Name: John
   Middle Name: Robert
   Last Name: Aller
   Suffix:
   Title: Executive Director
   Organizational Affiliation: Stark County Mental Health & Addiction Recovery
   Telephone Number: (330) 455-6644
   Extension:
   Email: John.Aller@starkmhar.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44702

2. Employer ID Number (EIN): 34-6002718

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $74,899.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Stark County Central Intake and Assessment
121 Cleveland Avenue S.W.
Canton Ohio

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

Part I Threshold Determinations

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

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

No

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: John Aller, Executive Director

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

Date Signed: 08/15/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Stark County Mental Health & Addiction Recovery

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:

<table>
<thead>
<tr>
<th>Certification Requirement</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>Establishing an on-going drug-free awareness program to inform employees —— (1) The dangers of drug abuse in the workplace; (2) The Applicant’s policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —— (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</td>
</tr>
<tr>
<td>e.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f.</td>
<td>Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted —— (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.
First Name: John
Middle Name: Robert
Last Name: Aller
Suffix:
Title: Executive Director
Telephone Number: (330) 455-6644
Fax Number: (330) 454-2484
Email: John.Aller@starkmhar.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

[Signature]

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: Stark County Mental Health & Addiction Recovery

Name / Title of Authorized Official: John Aller, Executive Director

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

Date Signed: 08/22/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

Legal Name: Stark County Mental Health & Addiction Recovery

Street 1: 121 Cleveland Avenue S.W.

City: Canton

County: Stark

State: Ohio

Country: United States

Zip / Postal Code: 44702

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 X

Applicant: Stark County Mental Health & Addiction Recovery

Project: Stark County Central Intake and Assessment

Renewal Project Application FY2019

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08/23/2019
complete. □

Authorized Representative
Prefix: Mr.
First Name: John
Middle Name: Robert
Last Name: Aller
Suffix:
Title: Executive Director
Telephone Number: (330) 455-6644
(Format: 123-456-7890)
Fax Number: (330) 454-2484
(Format: 123-456-7890)
Email: John.Aller@starkmhar.org
Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  
   No
   
   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
   
   Initial Grant year ends 8/31/2019, so no APR is due at this time.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  
   No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. Yes

2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application? Stand-Alone Renewal Expansion

2a. Input the name and grant number of the combined renewal expansion

Combined Renewal Expansion Project Name: Stark County Central Intake and Assessment 2

combined Renewal Expansion PIN Number: OH0594
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:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0594
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

   2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

   2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: Stark County Central Intake and Assessment

4. Project Status: Standard

5. Component Type: SSO

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

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

Coordinated Entry Systems help communities prioritize assistance to participants based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated Entry Systems also provide information about service needs and gaps to help communities plan their assistance and identify needed resources. The Homeless Continuum of Care of Stark County has designated Stark MHAR’s phone-based Homeless Navigation (also known as the Homeless Hotline) to serve as the continuum’s provider of Coordinated Entry. Homeless Navigation Specialists collect participant information during the initial telephone contact utilizing a Diversion Tool which allows Specialists to pre-screen callers to ascertain if additional assessment is needed before diversion or referral. Specialists enter data in HMIS for participants who are not able to be diverted. All participants are assessed using SPADT or F-SPDAT and placed on the Central Prioritization List for emergency shelter and/or housing (if not immediately available). Stark County Coordinated Entry began serving participants in Fall 2014. Additionally, HMIS staff conduct all SPDAT/FSDPAT trainings. The Coordinated Entry System infrastructure provides for efficient use of staff time, accuracy of data collection and entry, effective and logical database management and SQL reporting done timely and accurately. One member of project staff is formerly homeless. This project is located at the Stark County Mental Health & Addiction Recovery in Canton, serving the entire Stark County Continuum of Care area.

2. Does your project have a specific population focus? No

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td></td>
</tr>
</tbody>
</table>
3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services  
- Failure to make progress on a service plan  
- Loss of income or failure to improve income  
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area  
- None of the above

3d. Does the project follow a "Housing First" approach? No

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

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

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

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

The HCCSC markets the Hotline to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status by: 1. Prominently publicize on its website the role of the Hotline in linking persons experiencing housing crises to housing and supportive services, both in English and in Spanish, along with contact information for the Hotline, including a phone number, e-mail address, and FAX number; 2. Ensure that, at least once a year, information about the role of the Hotline and contact information for the Hotline is shared with all police departments and emergency services agencies in Stark County, with the 2-1-1 information and referral service covering the county, and with all schools, hospitals, jails, city councils, county commissioners, township trustees, and mayors' offices in the county; 3. Identify organizations that serve individuals with language barriers that may prevent them from accessing information about the Hotline and ensure that, at least once a year, they receive information about the role of the Hotline and contact information for the Hotline; and 4. Identify organizations that target services to populations protected by fair housing and equal access laws and ensure that, at least once a year, they receive information about the role of the Hotline and contact information for the Hotline.
Hotline to solve a housing crisis must make initial contact with the Hotline by phone, e-mail, or FAX. 2. Identifying Need for Communication Assistance. Hotline staff must respond promptly to people contacting them for help and determine in all cases whether the persons requesting help require special assistance in communicating their needs and completing the Hotline’s standardized assessment process. 3. Addressing Need for Communication Assistance. It is the responsibility of the Hotline staff to do the following to address the needs of individuals who cannot communicate effectively without special assistance: a. Maintain a list of resources available to provide translation services or other communication services or devices to individuals who need help in communicating with Hotline staff; b. Use those resources as appropriate to eliminate any barriers to communication with people contacting the Hotline; and c. As much as possible, honor the preferences of the person requesting help in selecting the services or devices that will be used to eliminate communication barriers.

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

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

The Coordinated Entry and Assessment Process

A. Screening for Presence of Domestic Violence, Dating Violence, Sexual Assault, Stalking and Human Trafficking. When people initially contact the Hotline for help, Hotline staff will ask whether they are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and whether they are victims of human trafficking. 1. Cases of Positive Screening for Domestic Violence, Dating Violence, Sexual Assault, Stalking. In cases where persons contacting the Hotline report that they are (1) fleeing domestic violence, dating violence, sexual assault or stalking and are in imminent danger or (2) are experiencing homelessness to which domestic violence, dating violence, sexual assault or stalking has been a contributing factor, Hotline staff will ask the callers their preferences and refer them, if they prefer, either to Domestic Violence Project, Inc. (with shelters in Canton and Massillon) or to the Alliance Area Domestic Violence Shelter, informing them that these organizations specialize in serving people with current safety concerns. If eligible persons are unwilling to contact Domestic Violence Project, Inc. (with shelters in Canton and Massillon), informing them that this organization specializes in serving survivors of human trafficking. If eligible persons are unwilling to contact Domestic Violence Project, Inc., the Hotline staff will proceed to conduct intake and assessment following the policies outlined below in Section III.C.3. 2. Cases of Positive Screening for Human Trafficking. In cases where persons report that they are victims of human trafficking, Hotline staff will ask whether they wish to be referred to Domestic Violence Project, Inc. (with shelters in Canton and Massillon), informing them that this organization specializes in serving survivors of human trafficking. If eligible persons are unwilling to contact Domestic Violence Project, Inc., the Hotline staff will proceed to conduct intake and assessment following the policies outlined below in Section III.C.3.

B. Screening for Diversion and Referral to Other Resources. 1. Diversion Due to Lack of Eligibility for HCCSC Services. Before conducting an intake on persons contacting the Hotline for help, Hotline staff will collect, at a minimum, their names, dates of birth, and the last four digits of their social security numbers,
along with information gathered through a diversion questionnaire which is designed to determine whether the persons meet the threshold criteria for receiving assistance from the HCCSC’s homeless programs. Persons only meet those criteria if: a. They are homeless within the meaning of 24 CFR Section 578.3 or if they are at risk of homelessness and are potentially eligible for any of the prevention or shelter diversion programs that operate under the auspices of the HCCSC and participate in HMIS; and b. They lack other resources or support networks to help them solve their immediate housing crisis. 2. Referral to Mainstream Programs and Resources. If an initial screening reveals that people seeking help from the HCCSC do not meet threshold eligibility criteria for HCCSC programs and services, Hotline staff will provide them with information about mainstream programs and resources they can contact for help. To that end, the Hotline will maintain and annually update a list of mainstream programs and resources in Stark County that could be useful to people experiencing problems of housing instability. In all cases in which callers are safely housed, the Hotline staff will urge them to stay where they are as long as possible and work independently with appropriate mainstream resources to stabilize their housing.

C. Formal Intake and Standardized Assessment of People Not Diverted from the HCCSC 1. Formal Intake – In General. If a person lacks alternatives to entering the homeless system, the Hotline staff will conduct a formal intake, collecting all the HUD-required universal data elements, program-specific elements, and other data required by federal regulations or HCCSC policies, and entering that data directly into HMIS. 2. Standardized Assessment – In General. a. Assessment Tools. For all persons admitted to the homeless system through formal intake, the Hotline staff will conduct an assessment using the appropriate Service Prioritization and Assistance Decision Tool (SPDAT): the SPDAT for individuals, the Family SPDAT for persons presenting as a family or single household, or the Youth SPDAT.

b. Right to Refuse to Answer Assessment Questions. Persons undergoing assessment may refuse to answer any of the questions on the assessment without forfeiting their right to assistance from the HCCSC. However, if the failure to answer particular questions jeopardizes a person’s eligibility for certain types of housing or services available through the HCCSC, the individual administering the assessment must advise people refusing to answer those questions that, in the absence of an answer, they may not qualify for housing or services for which they could otherwise be eligible.

c. Training to Administer Assessments. Any person who administers a SPDAT assessment must have received training within the previous 12 months from an instructor who has followed the protocols established by OrgCode Consulting, Inc., SPDAT’s developer, to become qualified to train others to administer SPDATs. By the end of January of each year, the Collaborative Applicant will publish on the HCCSC’s website the year’s schedule of trainings that will satisfy this requirement.

3. Special Intake Protocols for Victims of Domestic Violence, Dating Violence, Sexual Assault, Stalking or Human Trafficking. a. People Not Admitted to Domestic Violence Projects. In cases where domestic violence projects cannot serve people who have contacted them for help, the projects will refer the people to or, in the case of people referred to the project by the Hotline, refer them back to the Hotline and work with the Hotline as necessary to facilitate their completion of the CEP. b. Participants in Domestic Violence Projects. For people referred by the Hotline and admitted to a domestic violence project who need additional homeless services, the domestic violence project will help them
contact the Hotline and work with the Hotline as necessary to facilitate their completion of the CEP as soon as possible after they are admitted to the domestic violence project. c. Special Rules to Ensure Safety and Confidentiality. In all cases where CES intake is conducted for persons reporting that they are victims of domestic violence, dating violence, sexual assault, stalking or human trafficking, the following rules will apply: i. The Hotline staff will collect no more information about those persons than they are comfortable sharing and will make the accommodations necessary to preserve the safety of those persons and protect their identity and location from disclosure; ii. The Hotline staff will contact staff from domestic violence projects for advice in any instances in which they are unsure about the best course of action to take to keep victims of domestic violence, dating violence, sexual assault, stalking or human trafficking safe; and iii. The effective date and time of the intake will be the date and time that the victims of domestic violence, dating violence, sexual assault, stalking or human trafficking first contacted the Hotline even if, at the time of the initial contact, they declined to complete the CEP and opted instead to work exclusively with a domestic violence project.

4. Special Intake Protocols for Veterans.
   a. Hotline Duties. As part of its initial screening of persons seeking assistance, the Hotline will determine whether those persons are veterans. If they are veterans, the Hotline will:
      i. Give them contact information for the Veterans Service Commission of Stark County and the Veterans Administration’s Community Resources and Referral Center in Akron and advise them to contact those agencies to find out what housing and services are available to them as veterans; and
      ii. After conducting a full intake and assessment, notify the HCCSC’s Veterans’ Coordinator of the intake.
   b. Duties of Veterans’ Coordinator. The HCCSC’s Veterans’ Coordinator will maintain a by-name list of all homeless veterans in Stark County and will coordinate efforts with the Veterans Service Commission and the Veterans Administration to:
      i. Determine the eligibility of those on the list for special benefits and resources that are available to help veterans secure stable, affordable housing;
      ii. Provide them with necessary assistance in accessing those special benefits and resources; and
      iii. Maximize use of the special benefits and resources available to veterans and, if no such benefits and resources are available, other resources to house the veterans as quickly as possible.

Use of Central Prioritization Lists to Refer and Select Persons for Shelter, Housing, and Services
A. Hotline’s Role in Maintaining Central Prioritization Lists. The Hotline will maintain central prioritization lists of persons awaiting shelter diversion services, prevention services, emergency shelter, and housing and assign places on the appropriate lists to persons registered for services in the order prescribed by HCCSC’s Eligibility and Prioritization Policies.

B. Prioritization List for Prevention Services. If, based on information collected during intake, the Hotline staff determines that someone is at risk of losing their housing within the next 21 days and is likely to meet other eligibility criteria for available prevention services, the Hotline staff will place the person on a prioritization list for prevention services. In filling vacancies for services, prevention projects will choose people from this prioritization list in the order of their rank on the list.

C. Prioritization List for Pilot Shelter Diversion Project. If, based on information collected during intake, the Hotline staff determines that someone may be eligible for the shelter diversion pilot project launched by CommQuest in 2017, the staff will place the person on a shelter diversion list, discuss the pilot project
with the person, and instruct the person to send income verification to the
project to indicate an interest in enrolling in the project.
D. Prioritization for and Referrals to Emergency Shelters.
Referrals from the Hotline. All shelters will update their inventories of available
beds as changes occur. Based on these inventories, the Hotline will refer
eligible persons to available shelter beds when they register with the Hotline or,
if no shelter beds are immediately available, place them on a shelter
prioritization list from which they will be referred to shelters in the order in which
they are ranked. Participating shelters will not accept referrals from any sources
other than the Hotline except during hours when the CES is closed. 2. Referrals
from Other Sources When the CES is Closed. The following rules apply when
shelters accept referrals from sources other than the Hotline when the CES is
closed: a. Within 24 hours after the CES has reopened, a shelter must notify the
Hotline of any person it accepted when the CES was closed and facilitate
coordinated entry for that person. b. No shelter may guarantee ongoing shelter
to any person accepted from other sources during hours when the CES was
closed. 3. Documentation by Shelter of Refusal to Admit or Retain Referred
Client. In the event that a shelter refuses to admit a person referred to it or
expels a client after admission, it must note the reasons for its action in the CES
database.
Prioritization and Selection for Housing. 1. Creation of Prioritization Lists for
Housing. For each category of housing available through the HCCSC, the
Hotline will create a list of people awaiting housing that will be accessible online
to participating housing projects. If, based on information gathered during
intake, Hotline staff determines that someone is likely to be eligible for housing
from one or more HCCSC projects, the staff will put the person on the
appropriate housing prioritization list. Before doing so, however, Hotline staff
will: a. Advise the person to vigorously pursue other options if, based on their
low SPDAT scores or other factors influencing their prioritization, they are not
likely to receive a housing placement within one year; and
b. If the person hopes to qualify for permanent supportive housing (PSH),
counsel that person to: i. Download a verification of disability form (VOD) from
the HCCSC’s website or obtain a VOD from the Collaborative Applicant; and ii.
Identify a suitable licensed professional to complete and sign the VOD and fax it
to the Hotline in accordance with directions that appear on that form. 2. Direct
Referral Procedures a. By-Names List Meetings. Led by the CES staff,
providers will be expected to meet on a weekly basis for the By-Names List
meeting. At these meetings, an inventory of vacancies will be reported by each
housing provider and direct referrals will be provided by CES staff as the group
reviews the by-names list of persons at the top of the prioritization lists. CES
staff will verify that actions taken in between the weekly meetings by housing
providers adhere to the Coordinated Entry policies and procedures. Case
conferencing will also be conducted for any challenging cases. Anyone being
placed into a PSH or RRH unit must be verified and approved at a By-Names
List meeting or, if an eligible household is being entered into a project between
meeting dates, via CES directly. Case Conferencing. In situations where there
is a challenge with placing or transferring a household a meeting may be called
to clarify with the individual or family seeking housing the options available to
them and the repercussions that will result due to their decline of two housing
options. At a minimum, the CES, a housing provider, and the individual/family to
whom the case pertains will attend the case conferencing. 3. Exclusive Use of
Prioritization Lists by Projects to Accept Participants. To the extent they can do
so without violating applicable legal or funding restrictions, RRH, TH, SH, and
PSH projects receiving Continuum of Care, Emergency Solutions Grant, or Ohio
Development Services Agency funds as well as other cooperating projects must offer placement only to persons on the appropriate prioritization list as referred by CES directly or at a By-Names List meeting and only in the order in which they are ranked on that list. (Certain exceptions to this general rule are explained below in this guide and in HCCSC’s Eligibility and Prioritization Policies.)

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth? Yes
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Leased Structures
   - Supportive Services  X
   - HMIS
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $18,725 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $18,725 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Stark Housing Net...</td>
<td>04/30/2019</td>
<td>$18,725</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Stark Housing Network
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 04/30/2019
6. Value of Written Commitment: $18,725
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term ( Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$68,090</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$68,090</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$6,809</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$74,899</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$18,725</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$18,725</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$93,624</td>
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</tbody>
</table>
### 7A. Attachment(s)

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<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>SHNI Agreement</td>
<td>08/22/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:  SHNI Agreement

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**

John Aller

**Date:** 08/22/2019

**Title:** Executive Director

**Applicant Organization:** Stark County Mental Health & Addiction
Recovery

PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
**Submission Without Changes**

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  
   - No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  
   - Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
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<td>2A. Subrecipients</td>
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<th>Part 3 - Project Information</th>
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<td>3A. Project Detail</td>
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<td>3B. Description</td>
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<th>Part 4 - Housing Services and HMIS</th>
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<th>Part 5 - Participants and Outreach Information</th>
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<th>Part 6 - Budget Information</th>
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<td>6D. Match</td>
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<tr>
<td>6E. Summary Budget</td>
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<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
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<tr>
<td>7B. Certification</td>
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</tr>
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</table>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Change in Admin Costs

Applicant: Stark County Mental Health & Addiction Recovery  
Project: Stark County Central Intake and Assessment
The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
Applicant: Stark County Mental Health & Addiction Recovery
Project: Stark County Central Intake and Assessment

8B Submission Summary

<table>
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<td>1B. SF-424 Legal Applicant</td>
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<td>1C. SF-424 Application Details</td>
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<td>1D. SF-424 Congressional District(s)</td>
<td>08/19/2019</td>
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<td>1E. SF-424 Compliance</td>
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<td>1F. SF-424 Declaration</td>
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<td>1I. Cert. Lobbying</td>
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<td>Section</td>
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<td>08/15/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/19/2019</td>
</tr>
</tbody>
</table>
STARK HOUSING NETWORK
UNITED WAY SUBRECIPIENT FUNDING AGREEMENT

This AGREEMENT entered into as of this 7th day of November 2018 by and between the STARK HOUSING NETWORK, INC. (hereinafter referred to as "SHNI") and STARK COUNTY MENTAL HEALTH & ADDICTION RECOVERY (hereinafter referred to as "SUBRECIPIENT").

WITNESSETH THAT:

WHEREAS, the Stark Housing Network, Inc. has applied for and received an United Way of Greater Stark County Grant (hereinafter referred to as "UNITED WAY") for certain eligible Financial Stability activities; and

WHEREAS, included in the application for said funds, or provided for in subsequent amendments to said application, is the activity entitled "CENTRALIZED INTAKE & ASSESSMENT"; and

WHEREAS, it is necessary that the SHNI and SUBRECIPIENT enter into an AGREEMENT for the implementation of said activity;

NOW, THEREFORE, the parties do hereby agree as follows:

1. **Responsibility for Grant Administration:** The SHNI is responsible for ensuring the administration of United Way funds in accordance with all program requirements. The use of Subrecipients does not relieve the SHNI of this responsibility. The SHNI is also responsible for determining the adequacy of performance under subrecipient agreements.

2. **Scope of Service:** SUBRECIPIENT hereby agrees to utilize funds made available under the United Way Program for the purpose of implementing the above-mentioned activity as described in ATTACHMENT A. Changes in ATTACHMENT A – Program Information may be requested from time-to-time by either the SHNI or SUBRECIPIENT and shall be incorporated in written amendments to this Agreement. SUBRECIPIENT certifies that the Central Intake and Assessment follows the required program components listed in ATTACHMENT A.

3. **Time of Performance:** This AGREEMENT shall take effect as of April 1, 2018 through and including MARCH 31, 2019.

4. **Compensation:** The SHNI shall compensate SUBRECIPIENT on a reimbursement basis, unless otherwise agreed upon between the SHNI and SUBRECIPIENT, for all expenditures made in accordance with the schedule set forth in ATTACHMENT B – Budget, which is attached.

In the event SUBRECIPIENT determines that it becomes necessary to amend the Budget, a written request must be submitted to the SHNI. Such a request will need to be taken to United Way for consideration.

All United Way funds allocated to the SUBRECIPIENT must be spent during the program year. No program year funds will be allowed to carry over to the following program year. Final invoices must be submitted to the SHNI within 30 days of the expiration of the program year MARCH 31, 2019 in order to be reimbursed.

5. **Method of Payment:** Subject to receipt of funds from the United Way, the SHNI agrees to make payment to SUBRECIPIENT for eligible expenses which are in accordance with the Program Information and the Budget. Payments from SHNI to SUBRECIPIENT will be in the form of reimbursement unless otherwise agreed upon between the SHNI and SUBRECIPIENT. SUBRECIPIENT must submit a Request for Payment form and supporting financial documentation in order to receive payment.

6. **Indemnification Clause:** SUBRECIPIENT agrees to indemnify and hold the SHNI, its officials, officers, agents, and employees harmless from any and all losses, claims, actions, costs, expenses, judgments, subrogations, or other damages resulting from injury to any person (including injury resulting in death), or damage (including loss or destruction) to property of whatsoever nature of any person, firm, or corporation arising out of the errors, omissions or negligent acts of SUBRECIPIENT in its performance of the terms of this funding agreement by SUBRECIPIENT, but not limited to SUBRECIPIENT’s employees.
agents, sub-contractors, sub-sub-contractors, and others designated by SUBRECIPIENT to perform work or services in, about, or attend to, the work and services under the terms of this funding agreement.

7. **Subcontracting:** None of the services covered by this AGREEMENT shall be subcontracted unless the subrecipient received written approval from the SHNI.

8. **Suspension and Termination:**

   a. **Termination of AGREEMENT for Cause:** If, through any cause, the SUBRECIPIENT fails to fulfill, in a timely and proper manner, its obligations under this AGREEMENT, or if the SUBRECIPIENT violates any of the covenants of this AGREEMENT, the SHNI shall have the right to terminate this AGREEMENT by giving written notice to the SUBRECIPIENT specifying the effective date of the termination, at least seven (7) days before such effective date. In such event, all finished and unfinished documents, data, and reports prepared by the SUBRECIPIENT under this AGREEMENT shall, at the option of the SHNI, become its property with the SUBRECIPIENT entitled to receive equitable compensation for any work satisfactorily completed. Notwithstanding the above, the SUBRECIPIENT is not relieved of liability to the SHNI for damages sustained by the SHNI by virtue of any breach of this AGREEMENT by the SUBRECIPIENT, and the SHNI may withhold any payments due for the purpose of offsetting said damages until such time as the exact amount of damages due the SHNI from the SUBRECIPIENT is determined.

   b. **Termination of AGREEMENT for Convenience:** The SHNI and the SUBRECIPIENT shall each have the right to terminate this AGREEMENT at any time, for any reason, by giving at least thirty (30) days written notice to the applicable party of this AGREEMENT. In such event, the SUBRECIPIENT will be paid an amount which bears the same ratio to the total compensation as the services actually performed bear to the total contract services covered by the AGREEMENT, less payments of compensation previously made.

   c. **Alternatives to Termination:** In the event the SUBRECIPIENT fails to fulfill the terms and conditions of this AGREEMENT in a timely and diligent manner, the SHNI reserves the right, at its sole option, as an alternative to termination of this AGREEMENT, to reduce the services required of the SUBRECIPIENT and to reduce the project budget in a manner which reflects such a reduction, by giving such notice in writing, stating the date such reduction will become effective.

9. **Severability:** In the event that any provision of this AGREEMENT is declared or determined to be unlawful, invalid, or unconstitutional, such declaration shall not affect, in any manner, the legality of the remaining provisions and each provision of the AGREEMENT will be and is deemed to be separate and severable from every other provision.

IN WITNESS WHEREOF, the SHNI and SUBRECIPIENT have executed this AGREEMENT as of the date first above written.

STARK HOUSING NETWORK, INC.

Marcie Bragg  
Executive Director

STARK COUNTY MENTAL HEALTH & ADDICTION RECOVERY

Printed Name:  
Title:  Executive Director
To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/22/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Stark County Mental Health & Addiction Recovery

b. Employer/Taxpayer Identification Number (EIN/TIN): 34-6002718

c. Organizational DUNS: 795065549

(PLUS 4):

d. Address

Street 1: 121 Cleveland Avenue S.W.
Street 2:
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44702

e. Organizational Unit (optional)

Department Name: Partner Solutions
Division Name:

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

Prefix: Ms.
First Name: Jennifer
Middle Name: Prater
Last Name: Keaton
Suffix:
Title: Program Manager
Organizational Affiliation: Stark County Mental Health & Addiction Recovery
Telephone Number:  (330) 430-3964
   Extension:
Fax Number:  (330) 454-2484
   Email:  Jennifer.Keaton@StarkMHAR.org
1C. SF-424 Application Details

9. Type of Applicant: B. County Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only):
Ohio
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Stark County Central Intake and Assessment 2

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 09/01/2020
   b. End Date: 08/31/2021

18. Estimated Funding ($) 
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
      f. Program Income:
         g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No
   If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: 

21. Authorized Representative

Prefix: Mr. 
First Name: John 
Middle Name: Robert 
Last Name: Aller 
Title: Executive Director 
Telephone Number: (330) 455-6644 
(Format: 123-456-7890) 
Fax Number: (330) 454-2484 
(Format: 123-456-7890) 
Email: John.Aller@starkmhar.org 
Signature of Authorized Representative: Considered signed upon submission in e-snaps. 
Date Signed: 08/22/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Stark County Mental Health & Addiction Recovery
   Prefix: Mr.
   First Name: John
   Middle Name: Robert
   Last Name: Aller
   Suffix: 
   Title: Executive Director
   Organizational Affiliation: Stark County Mental Health & Addiction Recovery
   Telephone Number: (330) 455-6644
   Extension: 
   Email: John.Aller@starkmhar.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44702

2. Employer ID Number (EIN): 34-6002718

3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance
   Requested/Received: $66,000.00
   (Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the
   project or activity.
   Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the
   attached project application.

Part I Threshold Determinations

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

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.
   No

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: John Aller, Executive Director

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

Date Signed: 08/22/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Stark County Mental Health & Addiction Recovery

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---
   (1) The dangers of drug abuse in the workplace
   (2) The Applicant's policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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 page...
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.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal
and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.
First Name: John
Middle Name: Robert
Last Name: Aller
Suffix:
Title: Executive Director
Telephone Number: (330) 455-6644
(Format: 123-456-7890)
Fax Number: (330) 454-2484
(Format: 123-456-7890)
Email: John.Aller@starkmhar.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate: X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant’s Organization: Stark County Mental Health & Addiction Recovery

Name / Title of Authorized Official: John Aller, Executive Director

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

Date Signed: 08/22/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Stark County Mental Health & Addiction Recovery
Street 1: 121 Cleveland Avenue S.W.
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44702

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

X

Applicant: Stark County Mental Health & Addiction Recovery
Project: Stark County Central Intake and Assessment 2
New Project Application FY2019 Page 15 08/23/2019
Authorized Representative

Prefix: Mr.
First Name: John
Middle Name: Robert
Last Name: Aller
Suffix:
Title: Executive Director
Telephone Number: (330) 455-6644
(Format: 123-456-7890)
Fax Number: (330) 454-2484
(Format: 123-456-7890)
Email: John.Aller@starkmhar.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
2A. Project Subrecipients

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

Total Expected Sub-Awards:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Stark MHAR has been a recipient of HUD CoC funding since 2009, as the HMIS Lead Agency for the HCCSC of Stark County. Stark MHAR also receives Federal ESG and CDBG funding through the City of Canton, Stark County, the City of Alliance and the City of Massillon, and local funding from United Way through the Stark Housing Network. Stark MHAR has had no negative findings and has expended funds in a timely manner.

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

StarkMHAR has extensive experience leveraging federal, state, local and private sector funds. This includes CDBG, ESG, and HOME federal funds; HCRP state funding; and numerous local foundation and non-profit funds.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

In 2009, administrative responsibility for the Stark County Homeless Hotline and HMIS was assumed by Stark County Mental Health & Addiction Recovery via the in-house Partner Solutions (formerly Heartland East). Partner Solutions is a department of StarkMHAR which delivers information technology services to fifteen counties and provides member enrollment and claims processing services as well as a wide array of database and reporting functions for the member boards and contracted provider agencies.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?  

No
3A. Project Detail

1a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

1b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

2. Project Name: Stark County Central Intake and Assessment 2

3. Project Status: Standard

4. Component Type: SSO

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

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

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds? X
3B. Project Description

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

Coordinated Entry Systems help communities prioritize assistance to participants based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated Entry Systems also provide information about service needs and gaps to help communities plan their assistance and identify needed resources. New requirements for Coordinated Entry Systems are being introduced at frequent intervals. New Data Elements for Coordinated Entry were released in May, 2019, and many requirements listed in the Coordinated Entry Management and Data Guide will necessitate large changes in the local Coordinated Entry process, as well as increased oversight and resources from Coordinated Entry staff. The Homeless Continuum of Care of Stark County has designated Stark MHAR’s phone-based Homeless Navigation (also known as the Homeless Hotline) to serve as the continuum’s provider of Coordinated Entry. Homeless Navigation Specialists collect participant information during the initial telephone contact utilizing a Diversion Tool which allows Specialists to pre-screen callers to ascertain if additional assessment is needed before diversion or referral. Specialists enter data in HMIS for participants who are not able to be diverted. All participants are assessed using SPADT or F-SPDAT and placed on the Central Prioritization List for emergency shelter and/or housing (if not immediately available). Stark County Coordinated Entry began serving participants in Fall 2014. Additionally, HMIS staff conduct all SPDAT/FSDPAT trainings. The Coordinated Entry System infrastructure provides for efficient use of staff time, accuracy of data collection and entry, effective and logical database management and SQL reporting done timely and accurately. Coordinated Entry HUD-required data elements and recommended enhanced expectations for referral management and needed participant status of document-ready necessitate additional resources to achieve new requirements. One member of project staff is formerly homeless. The Homeless Navigation Team is located at Stark County Mental Health & Addiction Recovery in Canton, serving the entire Stark County Continuum of Care area.

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

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

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

* 3. Please identify the project’s specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
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</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Other: Individuals

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

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

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes
4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

The HCCSC markets the Hotline to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status by: 1. Prominently publicize on its website the role of the Hotline in linking persons experiencing housing crises to housing and supportive services, both in English and in Spanish, along with contact information for the Hotline, including a phone number, e-mail address, and FAX number; 2. Ensure that, at least once a year, information about the role of the Hotline and contact information for the Hotline is shared with all police departments and emergency services agencies in Stark County, with the 2-1-1 information and referral service covering the county, and with all schools, hospitals, jails, city councils, county commissioners, township trustees, and mayors’ offices in the county; 3. Identify organizations that serve individuals with language barriers that may prevent them from accessing information about the Hotline and ensure that, at least once a year, they receive information about the role of the Hotline and contact information for the Hotline; and 4. Identify organizations that target services to populations protected by fair housing and equal access laws and ensure that, at least once a year, they receive information about the role of the Hotline and contact information for the Hotline.

Access for Non-English Speakers and Others with Communication Challenges:
1 Initial Access by Phone, E-mail, or FAX. Anyone seeking help through the Hotline to solve a housing crisis must make initial contact with the Hotline by phone, e-mail, or FAX. 2. Identifying Need for Communication Assistance. Hotline staff must respond promptly to people contacting them for help and determine in all cases whether the persons requesting help require special assistance in communicating their needs and completing the Hotline’s standardized assessment process. 3. Addressing Need for Communication Assistance. It is the responsibility of the Hotline staff to do the following to address the needs of individuals who cannot communicate effectively without special assistance: a. Maintain a list of resources available to provide translation services or other communication services or devices to individuals who need help in communicating with Hotline staff; b. Use those resources as appropriate to eliminate any barriers to communication with people contacting the Hotline; and c. As much as possible, honor the preferences of the person requesting help in selecting the services or devices that will be used to eliminate communication barriers.

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

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

The Coordinated Entry and Assessment Process
A. Screening for Presence of Domestic Violence, Dating Violence, Sexual Assault, Stalking and Human Trafficking. When people initially contact the Hotline for help, Hotline staff will ask whether they are fleeing or attempting to
flee domestic violence, dating violence, sexual assault, or stalking and whether they are victims of human trafficking. 1. Cases of Positive Screening for Domestic Violence, Dating Violence, Sexual Assault, Stalking. In cases where persons contacting the Hotline report that they are (1) fleeing domestic violence, dating violence, sexual assault or stalking and are in imminent danger or (2) are experiencing homelessness to which domestic violence, dating violence, sexual assault or stalking has been a contributing factor, Hotline staff will ask the callers their preferences and refer them, if they prefer, either to Domestic Violence Project, Inc. (with shelters in Canton and Massillon) or to the Alliance Area Domestic Violence Shelter, informing them that these organizations specialize in serving people with current safety concerns. If eligible persons are unwilling to contact a domestic violence project, the Hotline staff will proceed to conduct intake and assessment following the policies outlined below in Section III.C.3. 2. Cases of Positive Screening for Human Trafficking. In cases where persons report that they are victims of human trafficking, Hotline staff will ask whether they wish to be referred to Domestic Violence Project, Inc. (with shelters in Canton and Massillon), informing them that this organization specializes in serving survivors of human trafficking. If eligible persons are unwilling to contact Domestic Violence Project, Inc., the Hotline staff will proceed to conduct intake and assessment following the policies outlined below in Section III.C.3.

B. Screening for Diversion and Referral to Other Resources. 1. Diversion Due to Lack of Eligibility for HCCSC Services. Before conducting an intake on persons contacting the Hotline for help, Hotline staff will collect, at a minimum, their names, dates of birth, and the last four digits of their social security numbers, along with information gathered through a diversion questionnaire which is designed to determine whether the persons meet the threshold criteria for receiving assistance from the HCCSC’s homeless programs. Persons only meet those criteria if: a. They are homeless within the meaning of 24 CFR Section 578.3 or if they are at risk of homelessness and are potentially eligible for any of the prevention or shelter diversion programs that operate under the auspices of the HCCSC and participate in HMIS; and b. They lack other resources or support networks to help them solve their immediate housing crisis. 2. Referral to Mainstream Programs and Resources. If an initial screening reveals that people seeking help from the HCCSC do not meet threshold eligibility criteria for HCCSC programs and services, Hotline staff will provide them with information about mainstream programs and resources they can contact for help. To that end, the Hotline will maintain and annually update a list of mainstream programs and resources in Stark County that could be useful to people experiencing problems of housing instability. In all cases in which callers are safely housed, the Hotline staff will urge them to stay where they are as long as possible and work independently with appropriate mainstream resources to stabilize their housing.  

C. Formal Intake and Standardized Assessment of People Not Diverted from the HCCSC 1. Formal Intake – In General. If a person lacks alternatives to entering the homeless system, the Hotline staff will conduct a formal intake, collecting all the HUD-required universal data elements, program-specific elements, and other data required by federal regulations or HCCSC policies, and entering that data directly into HMIS. 2. Standardized Assessment – In General. a. Assessment Tools. For all persons admitted to the homeless system through formal intake, the Hotline staff will conduct an assessment using the appropriate Service Prioritization and Assistance Decision Tool.
(SPDAT): the SPDAT for individuals, the Family SPDAT for persons presenting as a family or single household, or the Youth SPDAT.

b. Right to Refuse to Answer Assessment Questions. Persons undergoing assessment may refuse to answer any of the questions on the assessment without forfeiting their right to assistance from the HCCSC. However, if the failure to answer particular questions jeopardizes a person’s eligibility for certain types of housing or services available through the HCCSC, the individual administering the assessment must advise people refusing to answer those questions that, in the absence of an answer, they may not qualify for housing or services for which they could otherwise be eligible.

c. Training to Administer Assessments. Any person who administers a SPDAT assessment must have received training within the previous 12 months from an instructor who has followed the protocols established by OrgCode Consulting, Inc., SPDAT’s developer, to become qualified to train others to administer SPDATs. By the end of January of each year, the Collaborative Applicant will publish on the HCCSC’s website the year’s schedule of trainings that will satisfy this requirement.

3. Special Intake Protocols for Victims of Domestic Violence, Dating Violence, Sexual Assault, Stalking or Human Trafficking. a. People Not Admitted to Domestic Violence Projects. In cases where domestic violence projects cannot serve people who have contacted them for help, the projects will refer the people to or, in the case of people referred to the project by the Hotline, refer them back to the Hotline and work with the Hotline as necessary to facilitate their completion of the CEP. b. Participants in Domestic Violence Projects. For people referred by the Hotline and admitted to a domestic violence project who need additional homeless services, the domestic violence project will help them contact the Hotline and work with the Hotline as necessary to facilitate their completion of the CEP as soon as possible after they are admitted to the domestic violence project. c. Special Rules to Ensure Safety and Confidentiality. In all cases where CES intake is conducted for persons reporting that they are victims of domestic violence, dating violence, sexual assault, stalking or human trafficking, the following rules will apply: i. The Hotline staff will collect no more information about those persons than they are comfortable sharing and will make the accommodations necessary to preserve the safety of those persons and protect their identity and location from disclosure; ii. The Hotline staff will contact staff from domestic violence projects for advice in any instances in which they are unsure about the best course of action to take to keep victims of domestic violence, dating violence, sexual assault, stalking or human trafficking safe; and iii. The effective date and time of the intake will be the date and time that the victims of domestic violence, dating violence, sexual assault, stalking or human trafficking first contacted the Hotline even if, at the time of the initial contact, they declined to complete the CEP and opted instead to work exclusively with a domestic violence project. 4. Special Intake Protocols for Veterans.

a. Hotline Duties. As part of its initial screening of persons seeking assistance, the Hotline will determine whether those persons are veterans. If they are veterans, the Hotline will:

i. Give them contact information for the Veterans Service Commission of Stark County and the Veterans Administration’s Community Resources and Referral Center in Akron and advise them to contact those agencies to find out what housing and services are available to them as veterans; and

ii. After conducting a full intake and assessment, notify the HCCSC’s Veterans’ Coordinator of the intake. b. Duties of Veterans’ Coordinator. The HCCSC’s
Veterans' Coordinator will maintain a by-name list of all homeless veterans in Stark County and will coordinate efforts with the Veterans Service Commission and the Veterans Administration to: i. Determine the eligibility of those on the list for special benefits and resources that are available to help veterans secure stable, affordable housing; ii. Provide them with necessary assistance in accessing those special benefits and resources; and iii. Maximize use of the special benefits and resources available to veterans and, if no such benefits and resources are available, other resources to house the veterans as quickly as possible.

Use of Central Prioritization Lists to Refer and Select Persons for Shelter, Housing, and Services
A. Hotline’s Role in Maintaining Central Prioritization Lists. The Hotline will maintain central prioritization lists of persons awaiting shelter diversion services, prevention services, emergency shelter, and housing and assign places on the appropriate lists to persons registered for services in the order prescribed by HCCSC’s Eligibility and Prioritization Policies.
B. Prioritization List for Prevention Services. If, based on information collected during intake, the Hotline staff determines that someone is at risk of losing their housing within the next 21 days and is likely to meet other eligibility criteria for available prevention services, the Hotline staff will place the person on a prioritization list for prevention services. In filling vacancies for services, prevention projects will choose people from this prioritization list in the order of their rank on the list.
C. Prioritization List for Pilot Shelter Diversion Project. If, based on information collected during intake, the Hotline staff determines that someone may be eligible for the shelter diversion pilot project launched by CommQuest in 2017, the staff will place the person on a shelter diversion list, discuss the pilot project with the person, and instruct the person to send income verification to the project to indicate an interest in enrolling in the project.
D. Prioritization for and Referrals to Emergency Shelters.
Referrals from the Hotline. All shelters will update their inventories of available beds as changes occur. Based on these inventories, the Hotline will refer eligible persons to available shelter beds when they register with the Hotline or, if no shelter beds are immediately available, place them on a shelter prioritization list from which they will be referred to shelters in the order in which they are ranked. Participating shelters will not accept referrals from any sources other than the Hotline except during hours when the CES is closed. 2. Referrals from Other Sources When the CES is Closed. The following rules apply when shelters accept referrals from sources other than the Hotline when the CES is closed: a. Within 24 hours after the CES has reopened, a shelter must notify the Hotline of any person it accepted when the CES was closed and facilitate coordinated entry for that person. b. No shelter may guarantee ongoing shelter to any person accepted from other sources during hours when the CES was closed. 3. Documentation by Shelter of Refusal to Admit or Retain Referred Client. In the event that a shelter refuses to admit a person referred to it or expels a client after admission, it must note the reasons for its action in the CES database.
Prioritization and Selection for Housing. 1. Creation of Prioritization Lists for Housing. For each category of housing available through the HCCSC, the Hotline will create a list of people awaiting housing that will be accessible online to participating housing projects. If, based on information gathered during intake, Hotline staff determines that someone is likely to be eligible for housing from one or more HCCSC projects, the staff will put the person on the appropriate housing prioritization list. Before doing so, however, Hotline staff
will:
a. Advise the person to vigorously pursue other options if, based on their low SPDAT scores or other factors influencing their prioritization, they are not likely to receive a housing placement within one year; and
b. If the person hopes to qualify for permanent supportive housing (PSH), counsel that person to:
   i. Download a verification of disability form (VOD) from the HCCSC’s website or obtain a VOD from the Collaborative Applicant; and
   ii. Identify a suitable licensed professional to complete and sign the VOD and fax it to the Hotline in accordance with directions that appear on that form.

2. Direct Referral Procedures
   a. By-Names List Meetings. Led by the CES staff, providers will be expected to meet on a weekly basis for the By-Names List meeting. At these meetings, an inventory of vacancies will be reported by each housing provider and direct referrals will be provided by CES staff as the group reviews the by-names list of persons at the top of the prioritization lists. CES staff will verify that actions taken in between the weekly meetings by housing providers adhere to the Coordinated Entry policies and procedures. Case conferencing will also be conducted for any challenging cases. Anyone being placed into a PSH or RRH unit must be verified and approved at a By-Names List meeting or, if an eligible household is being entered into a project between meeting dates, via CES directly. Case Conferencing. In situations where there is a challenge with placing or transferring a household a meeting may be called to clarify with the individual or family seeking housing the options available to them and the repercussions that will result due to their decline of two housing options. At a minimum, the CES, a housing provider, and the individual/family to whom the case pertains will attend the case conferencing.

3. Exclusive Use of Prioritization Lists by Projects to Accept Participants. To the extent they can do so without violating applicable legal or funding restrictions, RRH, TH, SH, and PSH projects receiving Continuum of Care, Emergency Solutions Grant, or Ohio Development Services Agency funds as well as other cooperating projects must offer placement only to persons on the appropriate prioritization list as referred by CES directly or at a By-Names List meeting and only in the order in which they are ranked on that list. (Certain exceptions to this general rule are explained below in this guide and in HCCSC’s Eligibility and Prioritization Policies.)

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

4g. This Coordinated Entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to project participants for which they may be eligible? X
3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year’s CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: OH0594
1b. Eligible Renewal Grant Project Name: Stark County Central Intake and Assessment

2. Will this expansion project expand on the CoC’s existing Coordinated Entry process? Yes
6A. Funding Request

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

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? 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 being requested:
   Supportive Services [X]

6. If awarded, will this project require an initial grant term greater than 12 months? No
6F. Supportive Services Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>Staffing/costs to use/enhance the Coordinated Entry System</td>
<td>$60,000</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
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<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
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<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
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<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
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<tr>
<td>13. Outreach Services</td>
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<td></td>
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<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
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<tr>
<td>15. Transportation</td>
<td></td>
<td></td>
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<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
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<td></td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td><strong>$60,000</strong></td>
<td></td>
</tr>
</tbody>
</table>

Grant Term | 1 Year

Total Request for Grant Term | $60,000

Click the 'Save' button to automatically calculate totals.
6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$16,500</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$16,500</td>
</tr>
</tbody>
</table>

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Canton ESG</td>
<td>12/01/2018</td>
<td>$16,500</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards match? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: Canton ESG
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 12/01/2018
6. Value of Written Commitment: $16,500
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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
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<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>4. Supportive Services</td>
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<td>1 Year</td>
<td>$60,000</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
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<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$60,000</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td></td>
<td></td>
<td>$6,000</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$66,000</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td></td>
<td></td>
<td>$16,500</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>12. Total Match</td>
<td></td>
<td></td>
<td>$16,500</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td></td>
<td></td>
<td>$82,500</td>
</tr>
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</table>

Click the 'Save' button to automatically calculate totals.
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td>Canton ESG Agreement</td>
<td>08/22/2019</td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description: Canton ESG Agreement

Attachment Details

Document Description:
7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

**Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.**

**Name of Authorized Certifying Official:** John Aller

**Date:** 08/22/2019

**Title:** Executive Director

**Applicant Organization:** Stark County Mental Health & Addiction Recovery

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am X

New Project Application FY2019  Page 36  08/23/2019
aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1G. HUD 2880</strong></td>
<td>08/15/2019</td>
</tr>
<tr>
<td><strong>1H. HUD 50070</strong></td>
<td>08/15/2019</td>
</tr>
<tr>
<td><strong>1I. Cert. Lobbying</strong></td>
<td>08/15/2019</td>
</tr>
<tr>
<td><strong>1J. SF-LLL</strong></td>
<td>08/15/2019</td>
</tr>
<tr>
<td><strong>2A. Subrecipients</strong></td>
<td>No Input Required</td>
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<tr>
<td><strong>2B. Experience</strong></td>
<td>08/19/2019</td>
</tr>
<tr>
<td><strong>3A. Project Detail</strong></td>
<td>08/15/2019</td>
</tr>
<tr>
<td><strong>3B. Description</strong></td>
<td>08/19/2019</td>
</tr>
<tr>
<td><strong>3C. Expansion</strong></td>
<td>08/15/2019</td>
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<tr>
<td><strong>6A. Funding Request</strong></td>
<td>08/15/2019</td>
</tr>
<tr>
<td><strong>6F. Supp Srvcs Budget</strong></td>
<td>08/22/2019</td>
</tr>
<tr>
<td><strong>6I. Match</strong></td>
<td>08/22/2019</td>
</tr>
<tr>
<td><strong>6J. Summary Budget</strong></td>
<td>No Input Required</td>
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<tr>
<td><strong>7A. Attachment(s)</strong></td>
<td>08/22/2019</td>
</tr>
<tr>
<td><strong>7D. Certification</strong></td>
<td>08/15/2019</td>
</tr>
</tbody>
</table>
November 19, 2018

StarkMHAR
Attn: John Aller
121 Cleveland Ave. S.W.
Canton OH 44702

Dear Mr. Aller:

Enclosed you will find a copy of purchase order 2018-00006420 as well as an original Funding Agreement for your files for StarkMHAR grant award of $21,788 to assist with administration of HMIS activities.

If you have any questions, please feel free to contact me at 438-4117.

Sincerely

Reneé C. Biggums
Reneé C. Biggums
Contract Coordinator

Enclosure
2018 ESG SUBRECIPIENT AGREEMENT BETWEEN

City of Canton, Community & Economic Development and Planning Department
And
StarkMHAR

This Subrecipient Agreement (Agreement) entered into this 5th day of November 2018 by and between the City of Canton Department of Development (hereinafter referred to as the “City”) and StarkMHAR (hereinafter referred to as “Subrecipient”).

WITNESSETH THAT:

WHEREAS, the U.S. Department of Housing and Urban Development (HUD) has awarded the City grant funding under the “Emergency Solutions Grant Program” as authorized by the Stewart B. McKinney Homeless Assistance Act, 24 CFR Part 576 as amended by S. 896 “The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act” of 2009 for certain homeless programs; and

WHEREAS, Ordinance 129/2018 authorized the Mayor and/or Director of Public Service to enter into various contracts with Subrecipients, Developers, and/or other local agencies or individuals for various projects for the implementation of the CITY’S Emergency Solutions Grant Program; and

WHEREAS, it is necessary that the CITY and SUBRECIPIENT enter into an AGREEMENT for the implementation of said activity;

WHEREAS, the Subrecipient operates and manages the Homeless Management Information System (HMIS) (Program); and

WHEREAS, the Program qualifies for the receipt of Emergency Solutions Grant funding, and that providing a portion of the City’s grant award from HUD to the Subrecipient for its Program is consistent with the objectives of the Emergency Solutions Grant Program; and

WHEREAS, the City authorized a grant to Subrecipient as part of its FY 2018 One Year Action Plan to HUD.

NOW, THEREFORE, the parties do hereby agree as follows:

I. GRANT OF FUNDS
   The City grants to the Subrecipient a portion of its FY 2018 Emergency Solutions Grant (ESG) Program award in an amount not to exceed $21,788.00 (Twenty-one thousand seven hundred eighty-eight dollars), for the costs of managing the Program.

II. SCOPE OF SERVICES
    A. Program
1. The Subrecipient shall, in a manner satisfactory to the City, manage and operate the Program, as described in Exhibit A, which is attached hereto and incorporated herein. The Subrecipient shall be solely responsible for all aspects of operating the Program, and shall use the funds provided hereunder for those costs listed in Exhibit A under the heading “Use of Funds.”

B. Special Requirements

1. The Subrecipient agrees to undertake the Program in accordance with all requirements of 24 CFR 576 (Emergency Solutions Grants Program), including, but not limited to, evaluation of program participant eligibility and needs, definition of homelessness, documentation required for determination of homelessness, participation in HMIS (Homeless Management Information System), eligible activity components, shelter and housing standards, coordination with other targeted homeless services, terminating assistance, homeless participation.

2. The Subrecipient agrees to provide matching funds equal to the amount of grant funding to be provided by the City hereunder. Calculation of the matching funds shall be determined in accordance with the HUD regulations set forth in 24 CFR Part 576.201.

3. Any building for which Emergency Solutions Grant Program funds are used must be maintained as a shelter for the homeless for the period prescribed by HUD in 24 CFR 576.73.

4. Any Emergency Solutions Grant Program funds used for building renovation, conversion or major rehabilitation must meet the local government standards of being in a safe and sanitary condition.

5. Homeless individuals must be given assistance in obtaining appropriate supportive services, including permanent housing, medical and mental health treatment, counseling, supervision and other services essential for achieving independent living and obtaining other Federal, State, local and private assistance that may be available for such individuals.

6. To the maximum extent practicable, homeless individuals and families must be involved in the construction, renovation, maintenance and operation of facilities assisted under the Emergency Solutions Grant Program, and in providing services for occupants of these facilities.

7. The Subrecipient must comply with applicable Federal laws concerning nondiscrimination and equal opportunity accessibility, lead-based paint, flood insurance, drug and alcohol free facility and use of debarred, suspended, or ineligible recipients (24 CFR 576).

8. Subrecipient will ensure that they will not acquire, rehabilitate, convert, lease, repair, dispose of, demolish or construct property for a project under this program, or commit or expend HUD or local funds for eligible activities until HUD has performed an environmental review under 24 CFR Part 50 and the City has received HUD approval of the property.

C. Monitoring and Evaluation
1. The Subrecipient agrees that the City and HUD, or its agents shall monitor, evaluate and may provide guidance and direction to the Subrecipient in the conduct of the work and activities to be performed under the terms of this Agreement.

2. The City, through the Stark County Regional Planning Commission (RPC), the City’s contract administrator, will monitor the performance of the Subrecipient against goals and performance standards as set forth in Paragraph VIII. Substandard performance as determined by the City/RPC will constitute non-compliance with this Agreement. If action to correct such substandard performance is not taken by the Subrecipient within ten (10) business days of being notified by the RPC, the RPC may make a recommendation to the City to suspend or terminate the Agreement.

3. The Subrecipient shall submit monthly status reports to the RPC to document the outcomes, expenditures and demographics of the Program.

III. TIME OF PERFORMANCE
This Agreement shall be effective upon approval and signature of the City. Unless amended by mutual written agreement between the Subrecipient and the City, the services and work to be performed as detailed in Exhibit A shall commence ____________ ____________, 20____ and end ________________, 20____ at which time all work must be satisfactorily completed in compliance with this Agreement.

IV. BUDGET AND PAYMENT PROCEDURES
A. Budget
   Exhibit B, which is attached hereto and incorporated herein, shall serve as the official budget for the Program to be funded under this Agreement. Any changes to this budget must be submitted to the RPC for review, after which time they will be submitted to the City of Canton for approval.

B. Payment Procedures
   1. The Subrecipient shall submit a Request for Payment form to the Department of Development for approval. The Request for Payment shall be on the form supplied by the Department of Development for such purposes. No funds will be paid to the Subrecipient that has not followed this process.
   2. All Requests for Payments shall be for goods and/or services rendered in accordance with the approved budget (Exhibit B). No advances will be permitted to the Subrecipient.
   3. All requests for payments shall be accompanied by appropriate documentation to back up the request. This may include invoices, receipts, time sheets, etc.
   4. Expenditures under this Agreement shall be made solely for Program goods and services, which will be utilized during the Agreement term. The Subrecipient shall not spend funds for services, which are to be furnished beyond the Agreement term. Funds spent for services, supplies or
consumed in whole or in part beyond the term of the Agreement shall be 
unallowable expenses with respect to that portion of goods or services 
consumed or supplied beyond the term hereof.

5. No funds are to be encumbered for the payment of Program costs incurred 
prior to the receipt of a fully executed funding agreement.

6. Payments may be contingent upon certification of the Subrecipient’s 
financial management system in accordance with the standards specified 

C. Program Income
Program income includes any amount of a security or utility deposit returned to 
the Subrecipient. The Subrecipient may count program income toward its cash 
match requirements provided that the program income is used for purposes that 
are eligible under the Emergency Solutions Grant Program. The Subrecipient must 
report the receipt and expenditure of program income on its status reports.

V. GENERAL CONDITIONS
A. Compliance

1. The Subrecipient agrees that the HUD regulations set forth in 24 CFR Part 
576 (Emergency Solutions Grants Program) are applicable to the grant 
unds it receives pursuant to this Agreement.

2. The Subrecipient agrees that the work and services authorized by this 
Agreement shall be performed in accordance with any and all applicable 
local, State and Federal regulations, directives or guidelines.

3. The Subrecipient agrees to prohibit the use of federal funds for lobbying in 
compliance with the following:
   1. No federal appropriated funds have been paid or will be paid, by or 
on behalf of the Subrecipient, 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 the 
awarding of any Federal loan, the entering into of any cooperative 
agreement, and the extension, continuation, renewal, 
amendment, or modification of any Federal Agreement, 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 on 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 Agreement, 
grant, loan or cooperative agreement, the Subrecipient shall notify 
the City, and complete and submit Standard Form-LLL, “Disclosure 
Form to Report Lobbying,” in accordance with its instructions.

4. The Subrecipient shall include the requirements of this Subsection 1 in 
award documents for all sub-awards at all times (including sub-contracts, 
sub-grants and Agreements) and require that all sub-award recipients 
disclose the same accordingly.
B. **Independent Contractor**

By executing this Agreement, the Subrecipient acknowledges and agrees that it will be providing services to the City as an "independent contractor". As an independent contractor for the City, the Subrecipient shall be prohibited from representing or allowing others to construe the parties' relationship in a manner inconsistent with this provision. The Subrecipient shall have no authority to assume or create any obligations on behalf of, or in the name of the City, without the express prior written approval of a duly authorized representative of the City.

The Subrecipient, its employees and any persons retained or hired by it to perform the duties and responsibilities under this Agreement are not City employees, and therefore, such persons shall not be entitled to, nor will they make a claim for, any of the emoluments of employment with the City of Canton. Further, the Subrecipient shall be responsible to withhold and pay, or cause such agents, contractors and subcontractors to withhold and pay, all applicable local, state and federal taxes.

C. **Indemnification**

Each Party agrees to be responsible for any negligent acts or negligent omissions by or through itself or its agents, employees and contracted servants and each party further agrees to defend itself and themselves and pay any judgments and costs arising out of such negligent omissions, and nothing in this contract shall impute or transfer any such liability from one or to the other.

D. **Insurance & Bonding**

The Subrecipient shall carry sufficient insurance coverage to protect Agreement assets from loss due to theft, fraud and/or undue physical damage.

E. **Amendments**

The City and the Subrecipient may amend this Agreement. No such amendment shall be effective unless it is completely executed in writing, which shall reference this Agreement, executed by a duly authorized representative of the City and the Subrecipient. Amendment requests must be submitted to the RPC for processing.

F. **Entire Agreement/Integration**

This Agreement, together with all Exhibits and attachments referenced herein, represents the entire and integrated Agreement between the City and the Subrecipient. This Agreement supersedes all prior and contemporaneous communications, representations, understandings, agreements or contracts, whether oral or written, relating to the subject matter of this Agreement.

G. **Notices**

All communications or notices required or permitted under this Agreement, including requests for payments, shall be sufficient if sent to the City's representative or the Subrecipient by regular U.S. Mail, postage pre-paid, and addressed as follows:
To the City:                     City of Canton  
                               218 Cleveland Ave. S.W.  
                               Canton, Ohio 44702  
                               Attn: Rollin Seward  

To the Subrecipient:       StarkMHAR  
                               121 Cleveland Ave. S.W.  
                               Canton, Ohio 44702  
                               Attn: John Aller  

Nothing contained in this section shall be construed to restrict the transmission of routing communications between representatives of the City and the Subrecipient.

VI.          FINANCIAL MANAGEMENT  
A.          Accounting Standards  
The Subrecipient agrees to comply with 2 CFR 200 and agrees to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred.

B.          Cost Principles  
The Subrecipient shall administer its program in conformance with 2 CFR 200 Subpart E – Cost Principals. These principles shall be applied for all costs incurred whether charged on a direct or indirect basis.

C.          Audit  
The Subrecipient shall comply with the requirements of 2 CFR 200 Subpart F – Audit Requirements – with regards to annual audits. If the Subrecipient does not qualify for single audit, the Subrecipient shall at a minimum, have an annual audit conducted of the funds received from this Program.

VII.         DOCUMENTATION AND RECORD KEEPING  
A.          Records to be Maintained  
1. The Subrecipient shall maintain all records required by the Federal regulations specified at 24 CFR 576.500 that are pertinent to the activities to be funded under this Agreement. Such records shall include, but not be limited to:
   1. Records providing a full description of each activity undertaken;
   2. Records demonstrating that each activity undertaken meets one of the Emergency Solutions Grant Program eligible activities;
   3. Records required to determine the eligibility of activities;
   4. Records required to document the acquisition, improvement, use or disposition of real property acquired or improved with Emergency Solutions Grant Program assistance;
   5. Records maintained in the Stark County HMIS, with continuous participation for the period of time outlined within 24 CFR 576;
   6. Financial records showing that Emergency Solutions Grant Program funds were spent on allowable costs in accordance with the

2. All costs and expenditures shall be supported by properly executed payrolls, time records, invoices, Agreements, vouchers, orders or other accounting documents pertaining in whole or in part to this Agreement and shall be clearly identified and readily accessible to the City and/or RPC. The Subrecipient shall retain a copy of each Request for Payment with the back-up documentation attached which supports that request.

3. At any time during normal business hours and as often as the City may deem necessary, the Subrecipient shall make available to the City and/or RPC all of its records with respect to all matters covered by this Agreement, and will permit the City and/or RPC to audit, examine, and make excerpts of transcripts from such records and to make audits of all agreements, invoices, materials, payrolls, records of personnel, conditions of employment and other data relating to all matters covered by this Agreement.

B. Retention

The Subrecipient shall retain all records pertaining to each fiscal year of Emergency Solutions Grant Program funds for the greater of five (5) years or the period specified below:

1. Documentation of each program participant’s qualification as a family or individual at risk of homelessness or as a homeless family or individual and other program participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served;

2. Where Emergency Solutions Grant Program funds are used for the renovation of an emergency shelter involves costs charged to the Emergency Solutions Grant Program grant that exceed 75% of the value of the building before renovation, records must be retained until 10 years after the date that Emergency Solutions Grant Program funds are first obligated for the renovation; and

3. Where Emergency Solutions Grant Program funds are used to convert a building into an emergency shelter and the costs charged to the grant for the conversion exceed 75% of the value of the building after conversion, records must be retained until 10 years after the date that funds are first obligated to the conversion.

C. Closeouts

The Subrecipient’s obligation to the City shall not end until all closeout requirements are completed. Activities during this closeout include, but are not limited to: making final payments, disposing of program assets (including the return of all materials, equipment, program income balances, and receivable accounts to the City), and determining the custodianship of records.

D. Audits and Inspections
Al of the Subrecipient's records with respect to any matters covered by this
Agreement shall be made available to the City, RPC, its designees or the Federal
Government and its agencies or designees, at any time during normal business
hours, as often as the City, RPC or the Federal Government, their agencies or
designees deem necessary, to audit, examine, and make excerpts or transcripts of
all relevant data. Any deficiencies noted in audit reports must be fully cleared by
the Subrecipient within 30 days after completion. Failure of the Subrecipient to
comply with the above audit requirements will constitute a violation of this
Agreement and may result in the withholding of future payments. The
Subrecipient agrees to have an annual agency audit conducted in accordance with
2 CFR 200 Subpart F – Audit Requirements.

E. Subcontracting

1. The Subrecipient represents that it has or will secure at its own expense,
   all personnel required to perform the work and services under this
   Agreement for the Program. All of the work and services required will be
   performed by the Subrecipient or under its supervision and all personnel
   engaged in the work and services shall be fully qualified and shall be
   authorized or permitted under Federal, State and local law to perform such
   work and services.

2. None of the work or services covered by this Agreement shall be
   subcontracted without written approval of the City. Any work or services
   subcontracted hereunder shall be subject to each provision of this
   Agreement.

VIII. PERFORMANCE STANDARDS

The City has adopted performance-based contracting with the goal of ending
homelessness beyond traditional output measures – such as the number of
persons in emergency shelter, the number of shelter bed nights provided, or the
number of households receiving homelessness prevention assistance. Outcome
performance measures are tailored to the category of Emergency Solutions Grant
Program activity for which funding is awarded. Recipients will be expected to
meet targets established by the Homeless Continuum of Care of Stark County
(HCCSC) in partnership with the City of Canton. FY2018 target measures are
detailed below but will be evaluated and are expected to be updated annually.

EMERGENCY SHELTERS

1. Average length of stay in shelter
   • 60 days

2. Median length of time in shelter
   • 45 days

3. Percentage of participants exiting to permanent housing
• ≥ 65%

4. Percentage of adult participants receiving at least one source of non-cash benefits or health insurance at program exit
   • ≥ 70%

5. Percentage of adult participants who gained or increased employment or non-employment cash income during the reporting period or at exit
   • ≥ 18%

6. Percentage of adult participants who exited from shelter to PH and returned to emergency shelter, safe haven, transitional housing or outreach projects
   • ≤ 7%

7. Percentage of adult participants who exited from shelter to PH and returned to emergency shelter, safe haven, transitional housing, or outreach projects within 24 months of exit
   • ≤ 20%

8. Average nightly occupancy by unit
   • ≥ 90%

9. Average nightly occupancy by bed
   • ≥ 95%

Rapid Re-Housing

1. Average length of stay in RRH
   • ≤ 150 days

2. Medium length of time in RRH
   • ≤ 130 days

3. Average time between project entry and placement into housing
   • ≤ 50 days

4. Percentage of participants exiting to permanent housing
   • ≥ 88%

5. Percentage of adult participants receiving at least one source of non-cash benefits or health insurance at program exit
   • ≥ 85%
6. Percentage of adult participants who gained or increased employment or non-employment cash income during the reporting period or at exit
   • ≥ 30%

7. Percentage of adult participants who exited from RRH to PH and returned to shelter, safe haven, transitional housing or outreach projects within 6 months of exit
   • ≤ 1.5%

8. Percentage of adult participants who exited from RRH to PH and returned to shelter, safe haven, transitional housing or outreach projects within 24 months of exit
   • ≤ 2%

PERMANENT SUPPORTIVE HOUSING

1. Percentage of participants remaining in PSH or exiting to PH as of the end of the reporting period or at program exit
   • ≥ 96%

2. Percentage of adult participants receiving at least one source of non-cash benefits or health insurance at program exit
   • ≥ 85%

3. Percentage of adult participants who gained or increased employment or non-employment cash income during the reporting period or at exit
   • ≥ 30%

4. Percentage of adult participants who exited PSH and returned to shelter, safe haven, transitional housing, or outreach projects within 24 months of exit
   • ≤ 5%
IX. EQUAL EMPLOYMENT OPPORTUNITY AND FAIR HOUSING

A. The Subrecipient shall not discriminate against any employee or applicant for employment in accordance with Title VII of the Civil Rights Act of 1964 and ORC 4112.02, because of race, color, religion, sex, military status, national origin, disability, age, or ancestry with respect to employment, upgrading, demotion, transfer, recruitment or recruitment advertising, lay-off determination, rates of pay or other forms of compensation, selection for training including apprenticeship, testing, use of company facilities, or other terms and conditions of employment.

B. The Subrecipient shall comply with all other applicable Federal, State and local laws, regulations, and/or orders pertaining to equal employment opportunity.

C. The Subrecipient must comply with the following fair housing and non-discrimination laws:

1. Title VI of the Civil Rights Act of 1964 — This law prohibits discrimination on the basis of race, color, and national origin in all Federally-assisted programs.

2. Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended and implementing regulations at 24 CFR 100. The Fair Housing Act prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status, and disability.

3. The Age Discrimination Act of 1975, as amended and implementing regulations at 24 CFR Part 146. This law prohibits age discrimination in programs receiving Federal financial assistance.

4. Executive Orders 11063 and 12259 — Equal Opportunity in Housing, and implementing regulations at 24 CFR Part 107. These Executive Orders prohibit discrimination against individuals on the basis of race, color, religion, sex, and national origin in the sale, rental, leasing or other disposition of residential property, or in the use or occupancy of housing assisted with Federal funds.

5. Section 504 of the Rehabilitation Act of 1973 (Section 504) and implementing regulations at 24 CFR Part 8 — Section 504 prohibits discrimination based on disability in all programs or activities operated by recipients of Federal financial assistance.

6. Title II of the Americans with Disabilities Act (ADA) — Title II of ADA prohibits discrimination against persons with disabilities in all programs, activities, and services of a public entity.
7. Executive Order 11246 – Equal Employment Opportunity, as amended and its implementing regulations at 41 CFR Part 60 – The Subrecipient will not discriminate against any employee or applicant for employment because of race, color, national origin, sex, or religion. If the Subrecipient has 15 or more employees, MHRSB is prohibited from discriminating against any employee or applicant with a disability, in accordance with Title I of the Americans with Disabilities Act of 1990 (ADA). Nondiscrimination notices shall be included in all job postings and also posted in a visible place in the office.

X. TERMINATION

In addition to all other remedies provided under this Agreement or at law, the City may terminate this Agreement in the event or for the following reasons:
A. The Subrecipient’s failure, for any reason to fulfill in a timely and proper manner its obligations under this Agreement;
B. The Subrecipient’s breach of any term or condition of this Agreement;
C. The Subrecipient’s violation of any applicable federal, state, and/or local law, rule, regulation, OMB Circular, executive order or directive, including any provision of the Stewart B. McKinney Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act;
D. The Subrecipient’s submission of any invoices, reports or records that are incorrect, fraudulent and/or incomplete in any material respect;
E. Ineffective or improper use of the funds provided under this Agreement;
F. Suspension or termination of the Emergency Solutions Grant Program grant award to the City under which this Agreement is made. However, if the grant is merely reduced and in the absence of any contrary grantor agency directive, the Subrecipient may readjust its budget and recommend amendment(s) to the City; or
G. When required or directed by HUD to terminate, assign, or transfer this Agreement.

XI. CONFLICT OF INTEREST

No member of the governing body of the City and no other officers, officials, agents or employees of the City, RPC or government of the United States of America, shall have any personal financial interest, direct or indirect, in this Agreement. The Subrecipient shall take appropriate steps to insure compliance.

XII. INTEREST OF SUBRECIPIENT
The Subrecipient covenants that no person who presently exercises any function or responsibilities in connection with the Program has any personal financial interest, direct or indirect, in the Agreement. The Subrecipient covenants that it presently has no interest and shall not acquire any interest, direct or indirect, in any parcels of property within the City which thereby causes conflict in any manner or degree with the performance of its work or services under the Program.

IN WITNESS WEHREOF, the City and the Subrecipient, each by a duly authorized representative, have executed this Agreement as of the date first set forth above.

CITY OF CANTON

By: [Signature]

Title: Service Director

STARKMHAR

By: [Signature]

Title: Executive Director

Approved as to legal form and sufficiency:

[Signature]

Kristen Bates Aylward
Canton Law Director
EXHIBIT A

Project Description

HMIS is a client information system that records the use of housing and services which can be used to determine the utilization of services of participating agencies, identifying gaps in the local service continuum and develop outcome measures of the homeless.

Subrecipient shall enter all required data for ESG sub-recipients provided by the programs in a timely manner, or assist them in entering data directly. HMIS will provide limited technical assistance, including troubleshooting and requested report generation. Homeless (or formerly homeless) persons are involved with HMIS through committees of the Continuum of Care of Stark County and through the Homeless Services Collaborative of Stark County.
# EXHIBIT B
## BUDGET
### Budget Detail

<table>
<thead>
<tr>
<th>Category Breakdown</th>
<th>ESG FUNDING REQUEST</th>
<th>Match Funds</th>
<th>Source of Match Funds</th>
<th>Total Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$21,788.00</td>
<td>In-kind</td>
<td>In-house agencies</td>
<td>$21,788.00</td>
</tr>
<tr>
<td><strong>Direct Financial Assistance</strong></td>
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<tr>
<td>Short &amp; Medium Term Rental Assistance</td>
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<tr>
<td>Security Deposits</td>
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<tr>
<td>Utility Deposits</td>
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<tr>
<td>Utility Payments</td>
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<td>Moving Costs</td>
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<td>OTHER – Specify</td>
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<td>Subtotal</td>
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<tr>
<td><strong>Other Costs Related to Housing Relocation and Stabilization Services</strong></td>
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<tr>
<td>Centralized Intake &amp; Assessment</td>
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<td>Housing</td>
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<tr>
<td>Search/Placement</td>
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<td>Legal Services</td>
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<td>Budgeting &amp; Credit Repair</td>
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<td>Other (please specify)</td>
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<tr>
<td>Services Subtotal</td>
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<tr>
<td><strong>Renovation</strong></td>
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<tr>
<td><strong>Shelter Operations</strong></td>
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<tr>
<td>Maintenance</td>
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<td>Rent</td>
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<td>Utilities</td>
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<td>Other (please specify)</td>
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<td><strong>Operations Subtotal</strong></td>
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<tr>
<td><strong>Essential Services</strong></td>
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<tr>
<td>Activity</td>
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15 of 16
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<tr>
<th>Activity</th>
<th>Essential Services</th>
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<tr>
<td>HMIS</td>
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<td></td>
<td>$21,788 In-kind</td>
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<td></td>
<td>Agencies/In-House</td>
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<tr>
<td></td>
<td>$21,788.00</td>
<td></td>
</tr>
<tr>
<td>Total ESG Request</td>
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<td></td>
</tr>
<tr>
<td>Total Other Funds</td>
<td></td>
<td></td>
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<tr>
<td>Grand Total</td>
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</table>
AN ORDINANCE AUTHORIZING THE MAYOR OR DIRECTOR OF PUBLIC SERVICE TO ADVERTISE, RECEIVE BIDS, AWARD, AND ENTER INTO ALL CONTRACTS NECESSARY FOR THE TIMELY EXPENDITURE OF COMMUNITY DEVELOPMENT BLOCK GRANT, EMERGENCY SOLUTIONS GRANT, AND HOME INVESTMENT PARTNERSHIP PROGRAM FUNDS; AND DECLARING THE SAME TO BE AN EMERGENCY

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF CANTON, STATE OF OHIO, THAT:

Section 1. The Mayor or Director of Public Service, on behalf of the city of Canton, is authorized and directed to advertise, receive bids, award, and enter into all contracts necessary for the timely expenditure of Community Development Block Grant Program Funds. No single award will exceed $500,000 for community development eligible activities benefiting low-and moderate income families.

Section 2. The Mayor or Director of Public Service, on behalf of the city of Canton, is further authorized and directed to advertise, receive bids, award, and enter into all contracts necessary for the timely expenditure of Emergency Solutions Grant Program Funds. No single award will exceed $200,000 for homeless prevention activities benefiting very low income families.

Section 3. The Mayor or Director of Public Service, on behalf of the city of Canton, is further authorized and directed to advertise, receive bids, award, and enter into all contracts necessary for the timely expenditure of HOME Investment Partnership Program Funds. No single award will exceed $500,000 for activities providing housing activities benefiting low- and moderate income families.
Section 4. The Auditor is authorized and directed to draw his warrants upon receipt of vouchers duly approved by the proper departmental authority.

Section 5. The Clerk of Council is authorized to correct any typographical errors discovered herein during or after the pendency or passage of this ordinance. The Clerk of Council is further authorized, in conjunction with the Law Department and the Majority Leader, to correct any ministerial or de minimis errors that do not substantially alter the intended results or numerical total sums of this ordinance, during or after the pendency or passage of this ordinance. Corrected copies are to be sent to all official recipients.

Section 6. This ordinance is hereby declared to be an emergency measure necessary for the immediate preservation of the public peace, health or safety of the citizens of the city of Canton; the emergency being to avoid unnecessary delay in the contracting process for various projects to assist low and moderate income residents. And provided it receives the affirmative vote of two-thirds of the elected and/or appointed members to Council, it shall take effect and be in force immediately upon its passage and approval by the Mayor; otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

PASSED: 6-18-18

[Signature]
President of Council

ATTEST: 6-18-18

[Signature]
Clerk of Council

APPROVED: 6-18-18

[Signature]
Mayor
BOARD OF CONTROL
Meeting Minutes

A Board of Control meeting was held Tuesday, October 2, 2018 at 9:00 AM in the Mayor's Conference Room. Board President, Mayor Bernabei called the meeting to order at 9:00 AM. Director of Public Service John Highman and Director of Public Safety Andrea Perry were present. Board Secretary Katie Wise was also present.

Visitors present were Director Rollin Seward and Renee Biggums from the Development Department and David Hodges from the IT Department.

The following items were for review/approval by the Board of Control:

Ordinance 129/2018
Enter into various contracts for CDBG, HOME and ESG Programs with no single award exceeding $500,000.00 for CDBG Programs, $500,000.00 for HOME Programs or $200,000.00 for ESG Programs. These programs include building upgrades, rental assistance, home rehab and repair, expanding small businesses, clothing and prescription assistance, etc.

Discussion: Per Director Seward, these contracts are being completed per the 2018 Action Plan. All of these programs have been identified previously. The City has also been approved for a line of credit from HUD. The contracts for all three programs are ready to move forward.

Motion: Mayor Bernabei made a motion to approve the above referenced contracts.
Director Highman seconded.

Vote: 3 yeas 0 nays Motion carried.

Ordinance 86/2018
Enter into a professional services contract with STEP CG, LLC in the amount of $314,932.86 for the purchase and installation of a new Avaya VOIP phone solution system that will replace the current Toshiba PBX phone system.

Discussion: Per Director Highman, the final amount of $314,932.86 is down from the amount first received when negotiations started with STEP CG for this phone system. The Avaya system is on the State Department of Administrative Services contract, however the finalized amount from STEP CG is much lower than the State contract pricing. The final cost came down so significantly that the cost of this phone system and the new network system finalized a few weeks ago combined is cheaper than the original estimate for only the new phone system. As a result, money will now be left over on the Huntington line of credit.
Motion: Mayor Bernabei made a motion to approve the above referenced contract.
Director Highman seconded.

Vote: 3 yeas 0 nays Motion carried.

Ordinance 199/2018
Enter into contract with Watson Furniture Group, Inc. in the amount of $70,922.00 for the purchase of new dispatch consoles and chairs for the Communication Dispatch Office to move to City Hall, pursuant to Ohio Revised Code 9.48 and Canton Codified Ordinance 105.11 which exempt said purchase from competitive bidding.

Discussion: Per Director Perry, the purchase of the consoles is a completely separate contract from the leasing program for the chairs to be replaced every couple of years. The contract with Watson Furniture Group is set at $70,922.00.

Motion: Mayor Bernabei made a motion to approve the above referenced contract.
Director Highman seconded.

Vote: 3 yeas 0 nays Motion carried.

Ordinance 106/2017
Enter into Change Order No. 1 & Final with IBI Group for a cost reduction in the amount of $52,345.00 for the Oversight Services for the 40th St.-Grunder Ave. Area Water Main Replacement Project resulting in a new contract amount of $62,655.00.

Discussion: Per Director Highman, this project is now complete. The cost reduction of this change order is approximately 50% of the original contract price. Their work and pricing are based on an hourly rate. Director Highman will discuss project estimates with the Water Department as their pricing many times seems to be higher than the final price, which results in contract reductions.

Motion: Mayor Bernabei made a motion to approve the above referenced change order.
Director Highman seconded.

Vote: 3 yeas 0 nays Motion carried.

Ordinance 26/2017
Enter into Change Order No. 3 with S.E.T., Inc. in the amount of $22,958.50 for the Mahoning Road NE Corridor Phase 2 Project, GP 1103 due to an increased size in precast manhole vaults, additional conduit installation and moving AT&T
communication wires in order to install storm pipe, resulting in a new contract amount of $9,007,154.41.

Discussion: No discussion.

Motion: Mayor Bernabei made a motion to approve the above referenced change order.
Director Highman seconded.

Vote: 3 yeas 0 nays Motion carried.

Adjournment:
Mayor Bernabei made a motion to adjourn the meeting.
Director Highman seconded.

Vote: 3 yeas 0 nays Meeting adjourned: 9:09 AM

Board Secretary
Date

Board President
Date

October 2, 2018
MARCH 9, 2018

NOTICE OF CONTRACT COMPLIANCE

This document certifies that the following entity is in compliance with Section Four and Five of Ordinance No. 179/74, and has filed the required contract reports and meets the requirements as set forth in Ordinance 179/74 and the Canton City Codified Ordinance 507.03(B):

Stark County Mental Health & Addiction Recovery
121 Cleveland Avenue Southwest
Canton, OH 44702

[Signatures]

Fonda P. Williams, II
Director of Compliance

John M. Highman Jr.
Director of Public Service

Certificate Expires: March 8, 2019
Date of Request: March 13, 2018

VERIFICATION REQUEST

PROGRAM: ESG Program

APPLICANT'S NAME & ADDRESS: Stark Mental Health & Recovery Services
121 Cleveland Ave. S.W.
Canton, OH 44702

CO-APPLICANT (if applicable):

VERIFICATION FOR (check): Income Tax

DATE OF VERIFICATION: 3-14-2018

IF DELINQUENT, BALANCE OF ACCOUNT: $ __________

VERIFICATION PREPARED BY: ____________________
(Signature)

The City of Canton Department of Development has received authorization from the above mentioned person(s) to verify this information for participation in program(s) offered by the City of Canton.
TO: 51329 - STARK CTY MENTAL HEALTH & ADDICTION RECVY

STARK CTY MENTAL HEALTH & ADDICTION RECVY
121 CLEVELAND AVE SW
CANTON, OH 44702

DELIVER BY
SHIP VIA
FREIGHT TERMS

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>UNIT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0000</td>
<td></td>
<td>705 Professional Services - All Other - ESG Grant for Homelessness Management Information (HMS) ACTIVITIES. NOT TO EXCEED $21,788.00. O#129/2018; C#2018-2219-0036; SU#4460 2219.505001.705.06 - Professional Services Other Professional Services 21,788.00</td>
</tr>
</tbody>
</table>

UNIT COST: 21,788.00
TOTAL COST: $21,788.00

Special Instructions
ACTIVITIES. NOT TO EXCEED $21,788.00. O#129/2018; C#2018-2219-0036; SU#4460

Note:
Municipalities Are Tax Exempt
Mail Invoices In Triplicate on day of Shipment
Vendor - Payment can not be made unless Auditor receives your Federal I.D. No. or Social Security No.

By: RICHARD A. MALLONN, II
Canton City Auditor

I HEREBY CERTIFY THAT THE MONEY TO MEET THE ABOVE OBLIGATIONS HAS BEEN LAWFULLY APPROPRIATED OR AUTHORIZED FOR SUCH PURPOSE AND IS IN THE TREASURY OR IN PROCESS OF COLLECTION TO THE CREDIT OF THE PROPER FUND AND FREE FROM ANY PREVIOUS OR OUTSTANDING OBLIGATION OR CERTIFICATION.
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/22/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: OH0594

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:
8. Applicant
   a. Legal Name: Stark County Mental Health & Addiction Recovery
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-6002718

   c. Organizational DUNS: 795065549

   d. Address
      Street 1: 121 Cleveland Avenue S.W.
      Street 2: 
      City: Canton
      County: Stark
      State: Ohio
      Country: United States
      Zip / Postal Code: 44702

   e. Organizational Unit (optional)
      Department Name: Partner Solutions
      Division Name: 

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Jennifer
      Middle Name: Prater
      Last Name: Keaton
      Suffix: 
      Title: Program Manager
      Organizational Affiliation: Stark County Mental Health & Addiction Recovery
Telephone Number:  (330) 430-3964
Extension:          
Fax Number:         (330) 454-2484
Email:              Jennifer.Keaton@StarkMHAR.org
9. Type of Applicant: B. County Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
   (for multiple selections hold CTRL key)
   Ohio

15. Descriptive Title of Applicant's Project:
   Stark County Central Intake and Assessment CES

16. Congressional District(s):
   a. Applicant:
      OH-013, OH-016, OH-007
   (for multiple selections hold CTRL key)
   b. Project:
      OH-013, OH-016, OH-007
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 09/01/2020
   b. End Date: 08/31/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: X

21. Authorized Representative

Prefix: Mr.
First Name: John
Middle Name: Robert
Last Name: Aller
Suffix: 
Title: Executive Director
Telephone Number: (330) 455-6644
(Format: 123-456-7890)
Fax Number: (330) 454-2484
(Format: 123-456-7890)
Email: John.Aller@starkmhar.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/22/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Stark County Mental Health & Addiction Recovery
   Prefix: Mr.
   First Name: John
   Middle Name: Robert
   Last Name: Aller
   Suffix: 
   Title: Executive Director
   Organizational Affiliation: Stark County Mental Health & Addiction Recovery
   Telephone Number: (330) 455-6644
   Extension: 
   Email: John.Aller@starkmhar.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44702

2. Employer ID Number (EIN): 34-6002718

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $140,899.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:
Stark County Central Intake and Assessment CES 121 Cleveland Avenue S.W. Canton Ohio

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?  (For further information, see 24 CFR Sec. 4.3).
Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.
No

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: John Aller, Executive Director
Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/19/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Stark County Mental Health & Addiction Recovery

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---
   (1) The dangers of drug abuse in the workplace
   (2) The Applicant’s policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

Sites for Work Performance.

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

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

Renewal Project Application FY2019 Page 11 08/23/2019
documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.
First Name: John
Middle Name Robert
Last Name: Aller
Suffix:
Title: Executive Director
Telephone Number: (330) 455-6644
(Format: 123-456-7890)
Fax Number: (330) 454-2484
(Format: 123-456-7890)
Email: John.Aller@starkmhar.org

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

Date Signed: 08/22/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant’s Organization: Stark County Mental Health & Addiction Recovery

Name / Title of Authorized Official: John Aller, Executive Director

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

Date Signed: 08/22/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

legal Name: Stark County Mental Health & Addiction Recovery
Street 1: 121 Cleveland Avenue S.W.
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44702

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

Applicant: Stark County Mental Health & Addiction Recovery
Project: Stark County Central Intake and Assessment CES

361509854 178255

Renewal Project Application FY2019 Page 15 08/23/2019
Authorized Representative

Prefix:  Mr.
First Name:  John
Middle Name:  Robert
Last Name:  Aller
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Title:  Executive Director
Telephone Number:  (330) 455-6644
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Fax Number:  (330) 454-2484
(Format: 123-456-7890)
Email:  John.Aller@starkmhar.org

Signature of Authorized Official:  Considered signed upon submission in e-snaps.
Date Signed:  08/22/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  
   No  
   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.  
   Project is combined renewal expansion - not funded currently

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  
   No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. Yes

2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application? Combined Renewal Expansion

2b. Combined Renewal Expansion Table

<table>
<thead>
<tr>
<th>Stand-Alone Renewal or Stand-Alone New</th>
<th>Project Name</th>
<th>Total Requested Amount</th>
<th>PIN Number</th>
<th>Expiration Date</th>
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</thead>
<tbody>
<tr>
<td>Stand-Alone Renewal</td>
<td>Stark County Central Intake and Assessment</td>
<td>$74,899</td>
<td>OH0594</td>
<td>08/31/2021</td>
</tr>
<tr>
<td>Stand-Alone New</td>
<td>Stark County Central Intake and Assessment 2</td>
<td>$66,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Combined Renewal Expansion Summary

<table>
<thead>
<tr>
<th>Total Number of Grants in the Combined Renewal Expansion</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Requested Amount in the Combined Renewal Expansion</td>
<td>$140,899</td>
</tr>
</tbody>
</table>

I hereby confirm that I have reviewed the accuracy and submitted all the renewal and new project applications related to this Combined Renewal Expansion request into esnaps and I have attached on Screen 7A the PDF copies of each of the FY 2019 project applications listed above.

X
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?
   No
   If "No" click on "Next" or "Save & Next" below 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:**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0594
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: Stark County Central Intake and Assessment CES

4. Project Status: Standard

5. Component Type: SSO

6. Does this project use one or more properties that have been conveyed through the Title V process? No
1. Provide a description that addresses the entire scope of the proposed project.

Coordinated Entry Systems help communities prioritize assistance to participants based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated Entry Systems also provide information about service needs and gaps to help communities plan their assistance and identify needed resources. New requirements for Coordinated Entry Systems are being introduced at frequent intervals. New Data Elements for Coordinated Entry were released in May, 2019, and many requirements listed in the Coordinated Entry Management and Data Guide will necessitate large changes in the local Coordinated Entry process, as well as increased oversight and resources from Coordinated Entry staff. The Homeless Continuum of Care of Stark County has designated Stark MHAR’s phone-based Homeless Navigation (also known as the Homeless Hotline) to serve as the continuum’s provider of Coordinated Entry. Homeless Navigation Specialists collect participant information during the initial telephone contact utilizing a Diversion Tool which allows Specialists to pre-screen callers to ascertain if additional assessment is needed before diversion or referral. Specialists enter data in HMIS for participants who are not able to be diverted. All participants are assessed using SPADT or F-SPDAT and placed on the Central Prioritization List for emergency shelter and/or housing (if not immediately available). Stark County Coordinated Entry began serving participants in Fall 2014. Additionally, HMIS staff conduct all SPDAT/FSDPAT trainings. The Coordinated Entry System infrastructure provides for efficient use of staff time, accuracy of data collection and entry, effective and logical database management and SQL reporting done timely and accurately. Coordinated Entry HUD-required data elements and recommended enhanced expectations for referral management and needed participant status of document-ready necessitate additional resources to achieve new requirements. One member of project staff is formerly homeless. The Homeless Navigation Team is located at Stark County Mental Health & Addiction Recovery in Canton, serving the entire Stark County Continuum of Care area.

2. Does your project have a specific population focus?  No

3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.
Having too little or little income | X
Active or history of substance use | X
Having a criminal record with exceptions for state-mandated restrictions | X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | X
None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services | X
Failure to make progress on a service plan | X
Loss of income or failure to improve income | X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area
None of the above

3d. Does the project follow a "Housing First" approach? No

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

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

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

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

The HCCSC markets the Hotline to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status by: 1. Prominently publicize on its website the role of the Hotline in linking persons experiencing housing crises to housing and supportive services, both in English and in Spanish, along with contact information for the Hotline, including a phone number, e-mail address, and FAX number; 2. Ensure that, at least once a year, information about the role of the Hotline and contact information for the Hotline is shared with all police departments and emergency services agencies in Stark County, with the 2-1-1 information and referral service covering the county, and with all schools, hospitals, jails, city councils, county commissioners, township trustees, and mayors’ offices in the county; 3. Identify organizations that serve individuals with language barriers that may prevent them from accessing information about
the Hotline and ensure that, at least once a year, they receive information about
the role of the Hotline and contact information for the Hotline; and 4. Identify
organizations that target services to populations protected by fair housing and
equal access laws and ensure that, at least once a year, they receive
information about the role of the Hotline and contact information for the Hotline.
Access for Non-English Speakers and Others with Communication Challenges:
1 Initial Access by Phone, E-mail, or FAX. Anyone seeking help through the
Hotline to solve a housing crisis must make initial contact with the Hotline by
phone, e-mail, or FAX. 2. Identifying Need for Communication Assistance.
Hotline staff must respond promptly to people contacting them for help and
determine in all cases whether the persons requesting help require special
assistance in communicating their needs and completing the Hotline’s
standardized assessment process. 3. Addressing Need for Communication
Assistance. It is the responsibility of the Hotline staff to do the following to
address the needs of individuals who cannot communicate effectively without
special assistance: a. Maintain a list of resources available to provide
translation services or other communication services or devices to individuals
who need help in communicating with Hotline staff; b. Use those resources as
appropriate to eliminate any barriers to communication with people contacting
the Hotline; and c. As much as possible, honor the preferences of the person
requesting help in selecting the services or devices that will be used to eliminate
communication barriers.

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

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

The Coordinated Entry and Assessment Process
A. Screening for Presence of Domestic Violence, Dating Violence, Sexual Assault, Stalking and Human Trafficking. When people initially contact the
Hotline for help, Hotline staff will ask whether they are fleeing or attempting to
flee domestic violence, dating violence, sexual assault, or stalking and whether
they are victims of human trafficking. 1. Cases of Positive Screening for
Domestic Violence, Dating Violence, Sexual Assault, Stalking. In cases where
persons contacting the Hotline report that they are (1) fleeing domestic violence,
dating violence, sexual assault or stalking and are in imminent danger or (2) are
experiencing homelessness to which domestic violence, dating violence, sexual
assault or stalking has been a contributing factor, Hotline staff will ask the
callers their preferences and refer them, if they prefer, either to Domestic
Violence Project, Inc. (with shelters in Canton and Massillon) or to the Alliance
Area Domestic Violence Shelter, informing them that these organizations
specialize in serving people with current safety concerns. If eligible persons are
unwilling to contact a domestic violence project, the Hotline staff will proceed to
conduct intake and assessment following the policies outlined below in Section
III.C.3. 2. Cases of Positive Screening for Human Trafficking. In cases where
persons report that they are victims of human trafficking, Hotline staff will ask
whether they wish to be referred to Domestic Violence Project, Inc. (with shelters in Canton and Massillon), informing them
that this organization
specializes in serving survivors of human trafficking. If eligible persons are
unwilling to contact
Domestic Violence Project, Inc., the Hotline staff will proceed to conduct intake and assessment following the policies outlined below in Section III.C.3.

B. Screening for Diversion and Referral to Other Resources. 1. Diversion Due to Lack of Eligibility for HCCSC Services. Before conducting an intake on persons contacting the Hotline for help, Hotline staff will collect, at a minimum, their names, dates of birth, and the last four digits of their social security numbers, along with information gathered through a diversion questionnaire which is designed to determine whether the persons meet the threshold criteria for receiving assistance from the HCCSC’s homeless programs. Persons only meet those criteria if: a. They are homeless within the meaning of 24 CFR Section 578.3 or if they are at risk of homelessness and are potentially eligible for any of the prevention or shelter diversion programs that operate under the auspices of the HCCSC and participate in HMIS; and b. They lack other resources or support networks to help them solve their immediate housing crisis. 2. Referral to Mainstream Programs and Resources. If an initial screening reveals that people seeking help from the HCCSC do not meet threshold eligibility criteria for HCCSC programs and services, Hotline staff will provide them with information about mainstream programs and resources they can contact for help. To that end, the Hotline will maintain and annually update a list of mainstream programs and resources in Stark County that could be useful to people experiencing problems of housing instability. In all cases in which callers are safely housed, the Hotline staff will urge them to stay where they are as long as possible and work independently with appropriate mainstream resources to stabilize their housing.

C. Formal Intake and Standardized Assessment of People Not Diverted from the HCCSC 1. Formal Intake – In General. If a person lacks alternatives to entering the homeless system, the Hotline staff will conduct a formal intake, collecting all the HUD-required universal data elements, program-specific elements, and other data required by federal regulations or HCCSC policies, and entering that data directly into HMIS. 2. Standardized Assessment – In General. a. Assessment Tools. For all persons admitted to the homeless system through formal intake, the Hotline staff will conduct an assessment using the appropriate Service Prioritization and Assistance Decision Tool (SPDAT): the SPDAT for individuals, the Family SPDAT for persons presenting as a family or single household, or the Youth SPDAT. b. Right to Refuse to Answer Assessment Questions. Persons undergoing assessment may refuse to answer any of the questions on the assessment without forfeiting their right to assistance from the HCCSC. However, if the failure to answer particular questions jeopardizes a person’s eligibility for certain types of housing or services available through the HCCSC, the individual administering the assessment must advise people refusing to answer those questions that, in the absence of an answer, they may not qualify for housing or services for which they could otherwise be eligible. c. Training to Administer Assessments. Any person who administers a SPDAT assessment must have received training within the previous 12 months from an instructor who has followed the protocols established by OrgCode Consulting, Inc., SPDAT’s developer, to become qualified to train others to administer SPDATs. By the end of January of each year, the Collaborative Applicant will publish on the HCCSC’s website the year’s schedule of trainings that will satisfy this requirement. 3. Special Intake Protocols for Victims of Domestic Violence, Dating Violence, Sexual Assault, Stalking or Human Trafficking. a. People Not Admitted to Domestic Violence Projects. In cases where domestic violence projects cannot
serve people who have contacted them for help, the projects will refer the people to or, in the case of people referred to the project by the Hotline, refer them back to the Hotline and work with the Hotline as necessary to facilitate their completion of the CEP. 
b. Participants in Domestic Violence Projects. For people referred by the Hotline and admitted to a domestic violence project who need additional homeless services, the domestic violence project will help them contact the Hotline and work with the Hotline as necessary to facilitate their completion of the CEP as soon as possible after they are admitted to the domestic violence project. 
c. Special Rules to Ensure Safety and Confidentiality. In all cases where CES intake is conducted for persons reporting that they are victims of domestic violence, dating violence, sexual assault, stalking or human trafficking, the following rules will apply: 
i. The Hotline staff will collect no more information about those persons than they are comfortable sharing and will make the accommodations necessary to preserve the safety of those persons and protect their identity and location from disclosure; 
ii. The Hotline staff will contact staff from domestic violence projects for advice in any instances in which they are unsure about the best course of action to take to keep victims of domestic violence, dating violence, sexual assault, stalking or human trafficking safe; and 
iii. The effective date and time of the intake will be the date and time that the victims of domestic violence, dating violence, sexual assault, stalking or human trafficking first contacted the Hotline even if, at the time of the initial contact, they declined to complete the CEP and opted instead to work exclusively with a domestic violence project. 
4. Special Intake Protocols for Veterans. 
a. Hotline Duties. As part of its initial screening of persons seeking assistance, the Hotline will determine whether those persons are veterans. If they are veterans, the Hotline will: 
i. Give them contact information for the Veterans Service Commission of Stark County and the Veterans Administration’s Community Resources and Referral Center in Akron and advise them to contact those agencies to find out what housing and services are available to them as veterans; and 
ii. After conducting a full intake and assessment, notify the HCCSC’s Veterans’ Coordinator of the intake. 
b. Duties of Veterans’ Coordinator. The HCCSC’s Veterans’ Coordinator will maintain a by-name list of all homeless veterans in Stark County and will coordinate efforts with the Veterans Service Commission and the Veterans Administration to: 
i. Determine the eligibility of those on the list for special benefits and resources that are available to help veterans secure stable, affordable housing; 
ii. Provide them with necessary assistance in accessing those special benefits and resources; and 
iii. Maximize use of the special benefits and resources available to veterans and, if no such benefits and resources are available, other resources to house the veterans as quickly as possible.
Use of Central Prioritization Lists to Refer and Select Persons for Shelter, Housing, and Services 
A. Hotline’s Role in Maintaining Central Prioritization Lists. The Hotline will maintain central prioritization lists of persons awaiting shelter diversion services, prevention services, emergency shelter, and housing and assign places on the appropriate lists to persons registered for services in the order prescribed by HCCSC’s Eligibility and Prioritization Policies. 
B. Prioritization List for Prevention Services. If, based on information collected during intake, the Hotline staff determines that someone is at risk of losing their housing within the next 21 days and is likely to meet other eligibility criteria for available prevention services, the Hotline staff will place the person on a prioritization list for prevention services. In filling vacancies for services,
prevention projects will choose people from this prioritization list in the order of their rank on the list. 

C. Prioritization List for Pilot Shelter Diversion Project. If, based on information collected during intake, the Hotline staff determines that someone may be eligible for the shelter diversion pilot project launched by CommQuest in 2017, the staff will place the person on a shelter diversion list, discuss the pilot project with the person, and instruct the person to send income verification to the project to indicate an interest in enrolling in the project.

D. Prioritization for and Referrals to Emergency Shelters.

Referrals from the Hotline. All shelters will update their inventories of available beds as changes occur. Based on these inventories, the Hotline will refer eligible persons to available shelter beds when they register with the Hotline or, if no shelter beds are immediately available, place them on a shelter prioritization list from which they will be referred to shelters in the order in which they are ranked. Participating shelters will not accept referrals from any sources other than the Hotline except during hours when the CES is closed.

2. Referrals from Other Sources When the CES is Closed. The following rules apply when shelters accept referrals from sources other than the Hotline when the CES is closed:

a. Within 24 hours after the CES has reopened, a shelter must notify the Hotline of any person it accepted when the CES was closed and facilitate coordinated entry for that person.

b. No shelter may guarantee ongoing shelter to any person accepted from other sources during hours when the CES was closed.

3. Documentation by Shelter of Refusal to Admit or Retain Referred Client. In the event that a shelter refuses to admit a person referred to it or expels a client after admission, it must note the reasons for its action in the CES database.

Prioritization and Selection for Housing. 1. Creation of Prioritization Lists for Housing. For each category of housing available through the HCCSC, the Hotline will create a list of people awaiting housing that will be accessible online to participating housing projects. If, based on information gathered during intake, Hotline staff determines that someone is likely to be eligible for housing from one or more HCCSC projects, the staff will put the person on the appropriate housing prioritization list. Before doing so, however, Hotline staff will:

a. Advise the person to vigorously pursue other options if, based on their low SPDAT scores or other factors influencing their prioritization, they are not likely to receive a housing placement within one year; and

b. If the person hopes to qualify for permanent supportive housing (PSH), counsel that person to: i. Download a verification of disability form (VOD) from the HCCSC’s website or obtain a VOD from the Collaborative Applicant; and ii. Identify a suitable licensed professional to complete and sign the VOD and fax it to the Hotline in accordance with directions that appear on that form.

2. Direct Referral Procedures

a. By-Names List Meetings. Led by the CES staff, providers meet on a weekly basis for the By-Names List meeting. At these meetings, an inventory of vacancies are reported by each housing provider and direct referrals provided by CES staff as the group reviews the by-names list of persons at the top of the prioritization lists. CES staff verify that actions taken in between the weekly meetings by housing providers adhere to the Coordinated Entry policies and procedures. Case conferencing is conducted for any challenging cases. Anyone being placed into a PSH or RRH unit must be verified and approved at a By-Names List meeting or, if an eligible household is being entered into a project between meeting dates, via CES directly. Case Conferencing. In situations where there is a challenge with placing or transferring a household a meeting is called to clarify with the individual or family seeking housing the options available to
them and the repercussions that will result due to their decline of two housing options. At a minimum, the CES, a housing provider, and the individual/family to whom the case pertains attend the case conferencing.

3. Exclusive Use of Prioritization Lists by Projects to Accept Participants. To the extent they can do so without violating applicable legal or funding restrictions, RRH, TH, SH, and PSH projects receiving Continuum of Care, Emergency Solutions Grant, or Ohio Development Services Agency funds as well as other cooperating projects must offer placement only to persons on the appropriate prioritization list as referred by CES directly or at a By-Names List meeting and only in the order in which they are ranked on that list. (Certain exceptions to this general rule are explained below in this guide and in HCCSC’s Eligibility and Prioritization Policies.)

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth?

Yes
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Structures
   - Supportive Services X
   - HMIS
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $35,225 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $35,225 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
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<td>Yes</td>
<td>Cash</td>
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<td>Stark Housing Net...</td>
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<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Canton ESG</td>
<td>12/01/2018</td>
<td>$16,500</td>
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</table>
Sources of Match Detail

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  Cash
3. Type of Source:  Private
4. Name the Source of the Commitment:  Stark Housing Network
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  04/30/2019
6. Value of Written Commitment:  $18,725

Sources of Match Detail

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  Cash
3. Type of Source:  Government
4. Name the Source of the Commitment:  Canton ESG
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  12/01/2018
6. Value of Written Commitment:  $16,500
The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
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<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
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<tr>
<td>1a. Leased Units</td>
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<td>1b. Leased Structures</td>
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<td>2. Rental Assistance</td>
<td>$0</td>
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<td>3. Supportive Services</td>
<td>$128,090</td>
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<td>4. Operating</td>
<td>$0</td>
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<tr>
<td>5. HMIS</td>
<td>$0</td>
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<tr>
<td>6. Sub-total Costs Requested</td>
<td>$128,090</td>
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<tr>
<td>7. Admin (Up to 10%)</td>
<td>$12,809</td>
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<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$140,899</td>
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<td>9. Cash Match</td>
<td>$35,225</td>
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<td>10. In-Kind Match</td>
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<td>11. Total Match</td>
<td>$35,225</td>
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<td>12. Total Budget</td>
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### 7A. Attachment(s)

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<tr>
<td>2) Other Attachment</td>
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<td>Canton ESG Agreement</td>
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<tr>
<td>3) Other Attachment</td>
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<td>SHNI Agreement</td>
<td>08/22/2019</td>
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</table>
Attachment Details

Document Description:

Attachment Details

Document Description: Canton ESG Agreement

Attachment Details

Document Description: SHNI Agreement
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: John Aller

Date: 08/22/2019

Title: Executive Director

Applicant Organization: Stark County Mental Health & Addiction
PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

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<thead>
<tr>
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<table>
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<th>Part 5 - Participants and Outreach Information</th>
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<table>
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<th>Part 6 - Budget Information</th>
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<td>6D. Match</td>
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<td>6E. Summary Budget</td>
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<th>Part 7 - Attachment(s) &amp; Certification</th>
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<td>7A. Attachment(s)</td>
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<tr>
<td>7B. Certification</td>
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</tbody>
</table>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Combined Renewal Expansion Application
The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

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<td>1C. SF-424 Application Details</td>
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<td>1E. SF-424 Compliance</td>
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<td>1F. SF-424 Declaration</td>
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<td>Section</td>
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<td>3B. Description</td>
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<td>6A. Funding Request</td>
<td>08/19/2019</td>
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<tr>
<td>6D. Match</td>
<td>08/22/2019</td>
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<tr>
<td>7A. Attachment(s)</td>
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<tr>
<td>7B. Certification</td>
<td>08/19/2019</td>
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<td>Submission Without Changes</td>
<td>08/19/2019</td>
</tr>
</tbody>
</table>
November 19, 2018

StarkMHAR
Attn: John Aller
121 Cleveland Ave. S.W.
Canton OH 44702

Dear Mr. Aller:

Enclosed you will find a copy of purchase order 2018-00006420 as well as an original Funding Agreement for your files for StarkMHAR grant award of $21,788 to assist with administration of HMIS activities.

If you have any questions, please feel free to contact me at 438-4117.

Sincerely

Reneé C. Biggums
Reneé C. Biggums
Contract Coordinator

Enclosure
2018 ESG SUBRECIPIENT AGREEMENT BETWEEN

City of Canton, Community & Economic Development and Planning Department
And
StarkMHAR

This Subrecipient Agreement (Agreement) entered into this 5th day of November 2018 by and between the City of Canton Department of Development (hereinafter referred to as the “City”) and StarkMHAR (hereinafter referred to as “Subrecipient”).

WITNESSETH THAT:

WHEREAS, the U.S. Department of Housing and Urban Development (HUD) has awarded the City grant funding under the “Emergency Solutions Grant Program” as authorized by the Stewart B. McKinney Homeless Assistance Act, 24 CFR Part 576 as amended by S. 896 “The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act” of 2009 for certain homeless programs; and

WHEREAS, Ordinance 129/2018 authorized the Mayor and/or Director of Public Service to enter into various contracts with Subrecipients, Developers, and/or other local agencies or individuals for various projects for the implementation of the CITY’S Emergency Solutions Grant Program; and

WHEREAS, it is necessary that the CITY and SUBRECIPIENT enter into an AGREEMENT for the implementation of said activity;

WHEREAS, the Subrecipient operates and manages the Homeless Management Information System (HMIS) (Program); and

WHEREAS, the Program qualifies for the receipt of Emergency Solutions Grant funding, and that providing a portion of the City’s grant award from HUD to the Subrecipient for its Program is consistent with the objectives of the Emergency Solutions Grant Program; and

WHEREAS, the City authorized a grant to Subrecipient as part of its FY 2018 One Year Action Plan to HUD.

NOW, THEREFORE, the parties do hereby agree as follows:

I. GRANT OF FUNDS
   The City grants to the Subrecipient a portion of its FY 2018 Emergency Solutions Grant (ESG) Program award in an amount not to exceed $21,788.00 (Twenty-one thousand seven hundred eighty-eight dollars), for the costs of managing the Program.

II. SCOPE OF SERVICES
   A. Program
1. The Subrecipient shall, in a manner satisfactory to the City, manage and operate the Program, as described in Exhibit A, which is attached hereto and incorporated herein. The Subrecipient shall be solely responsible for all aspects of operating the Program, and shall use the funds provided hereunder for those costs listed in Exhibit A under the heading “Use of Funds.”

B. Special Requirements

1. The Subrecipient agrees to undertake the Program in accordance with all requirements of 24 CFR 576 (Emergency Solutions Grants Program), including, but not limited to, evaluation of program participant eligibility and needs, definition of homelessness, documentation required for determination of homelessness, participation in HMIS (Homeless Management Information System), eligible activity components, shelter and housing standards, coordination with other targeted homeless services, terminating assistance, homeless participation.

2. The Subrecipient agrees to provide matching funds equal to the amount of grant funding to be provided by the City hereunder. Calculation of the matching funds shall be determined in accordance with the HUD regulations set forth in 24 CFR Part 576.201.

3. Any building for which Emergency Solutions Grant Program funds are used must be maintained as a shelter for the homeless for the period prescribed by HUD in 24 CFR 576.73.

4. Any Emergency Solutions Grant Program funds used for building renovation, conversion or major rehabilitation must meet the local government standards of being in a safe and sanitary condition.

5. Homeless individuals must be given assistance in obtaining appropriate supportive services, including permanent housing, medical and mental health treatment, counseling, supervision and other services essential for achieving independent living and obtaining other Federal, State, local and private assistance that may be available for such individuals.

6. To the maximum extent practicable, homeless individuals and families must be involved in the construction, renovation, maintenance and operation of facilities assisted under the Emergency Solutions Grant Program, and in providing services for occupants of these facilities.

7. The Subrecipient must comply with applicable Federal laws concerning nondiscrimination and equal opportunity accessibility, lead-based paint, flood insurance, drug and alcohol free facility and use of debarred, suspended, or ineligible recipients (24 CFR 576).

8. Subrecipient will ensure that they will not acquire, rehabilitate, convert, lease, repair, dispose of, demolish or construct property for a project under this program, or commit or expend HUD or local funds for eligible activities until HUD has performed an environmental review under 24 CFR Part 50 and the City has received HUD approval of the property.

C. Monitoring and Evaluation
1. The Subrecipient agrees that the City and HUD, or its agents shall monitor, evaluate and may provide guidance and direction to the Subrecipient in the conduct of the work and activities to be performed under the terms of this Agreement.

2. The City, through the Stark County Regional Planning Commission (RPC), the City's contract administrator, will monitor the performance of the Subrecipient against goals and performance standards as set forth in Paragraph VIII. Substandard performance as determined by the City/RPC will constitute non-compliance with this Agreement. If action to correct such substandard performance is not taken by the Subrecipient within ten (10) business days of being notified by the RPC, the RPC may make a recommendation to the City to suspend or terminate the Agreement.

3. The Subrecipient shall submit monthly status reports to the RPC to document the outcomes, expenditures and demographics of the Program.

III. TIME OF PERFORMANCE
This Agreement shall be effective upon approval and signature of the City. Unless amended by mutual written agreement between the Subrecipient and the City, the services and work to be performed as detailed in Exhibit A shall commence __________, 20___ and end __________, 20___ at which time all work must be satisfactorily completed in compliance with this Agreement.

IV. BUDGET AND PAYMENT PROCEDURES
A. Budget
Exhibit B, which is attached hereto and incorporated herein, shall serve as the official budget for the Program to be funded under this Agreement. Any changes to this budget must be submitted to the RPC for review, after which time they will be submitted to the City of Canton for approval.

B. Payment Procedures
1. The Subrecipient shall submit a Request for Payment form to the Department of Development for approval. The Request for Payment shall be on the form supplied by the Department of Development for such purposes. No funds will be paid to the Subrecipient that has not followed this process.

2. All Requests for Payments shall be for goods and/or services rendered in accordance with the approved budget (Exhibit B). No advances will be permitted to the Subrecipient.

3. All requests for payments shall be accompanied by appropriate documentation to back up the request. This may include invoices, receipts, time sheets, etc.

4. Expenditures under this Agreement shall be made solely for Program goods and services, which will be utilized during the Agreement term. The Subrecipient shall not spend funds for services, which are to be furnished beyond the Agreement term. Funds spent for services, supplies or
consumed in whole or in part beyond the term of the Agreement shall be
unallowable expenses with respect to that portion of goods or services
consumed or supplied beyond the term hereof.
5. No funds are to be encumbered for the payment of Program costs incurred
prior to the receipt of a fully executed funding agreement.
6. Payments may be contingent upon certification of the Subrecipient’s
financial management system in accordance with the standards specified

C. Program Income
Program income includes any amount of a security or utility deposit returned to
the Subrecipient. The Subrecipient may count program income toward its cash
match requirements provided that the program income is used for purposes that
are eligible under the Emergency Solutions Grant Program. The Subrecipient must
report the receipt and expenditure of program income on its status reports.

V. GENERAL CONDITIONS
A. Compliance
1. The Subrecipient agrees that the HUD regulations set forth in 24 CFR Part
576 (Emergency Solutions Grants Program) are applicable to the grant
funds it receives pursuant to this Agreement.
2. The Subrecipient agrees that the work and services authorized by this
Agreement shall be performed in accordance with any and all applicable
local, State and Federal regulations, directives or guidelines.
3. The Subrecipient agrees to prohibit the use of federal funds for lobbying in
compliance with the following:
   1. No federal appropriated funds have been paid or will be paid, by or
      on behalf of the Subrecipient, 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 the
      awarding of any Federal loan, the entering into of any cooperative
      agreement, and the extension, continuation, renewal, amendment, or
      modification of any Federal Agreement, 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 on 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 Agreement,
      grant, loan or cooperative agreement, the Subrecipient shall notify
      the City, and complete and submit Standard Form-LLL, “Disclosure
      Form to Report Lobbying,” in accordance with its instructions.
4. The Subrecipient shall include the requirements of this Subsection 1 in
   award documents for all sub-awards at all times (including sub-contracts,
   sub-grants and Agreements) and require that all sub-award recipients
disclose the same accordingly.
B. Independent Contractor
By executing this Agreement, the Subrecipient acknowledges and agrees that it will be providing services to the City as an “independent contractor”. As an independent contractor for the City, the Subrecipient shall be prohibited from representing or allowing others to construe the parties’ relationship in a manner inconsistent with this provision. The Subrecipient shall have no authority to assume or create any obligations on behalf of, or in the name of the City, without the express prior written approval of a duly authorized representative of the City.

The Subrecipient, its employees and any persons retained or hired by it to perform the duties and responsibilities under this Agreement are not City employees, and therefore, such persons shall not be entitled to, nor will they make a claim for, any of the emoluments of employment with the City of Canton. Further, the Subrecipient shall be responsible to withhold and pay, or cause such agents, contractors and subcontractors to withhold and pay, all applicable local, state and federal taxes.

C. Indemnification
Each Party agrees to be responsible for any negligent acts or negligent omissions by or through itself or its agents, employees and contracted servants and each party further agrees to defend itself and themselves and pay any judgments and costs arising out of such negligent omissions, and nothing in this contract shall impute or transfer any such liability from one or to the other.

D. Insurance & Bonding
The Subrecipient shall carry sufficient insurance coverage to protect Agreement assets from loss due to theft, fraud and/or undue physical damage.

E. Amendments
The City and the Subrecipient may amend this Agreement. No such amendment shall be effective unless it is completely executed in writing, which shall reference this Agreement, executed by a duly authorized representative of the City and the Subrecipient. Amendment requests must be submitted to the RPC for processing.

F. Entire Agreement/Integration
This Agreement, together with all Exhibits and attachments referenced herein, represents the entire and integrated Agreement between the City and the Subrecipient. This Agreement supersedes all prior and contemporaneous communications, representations, understandings, agreements or contracts, whether oral or written, relating to the subject matter of this Agreement.

G. Notices
All communications or notices required or permitted under this Agreement, including requests for payments, shall be sufficient if sent to the City’s representative or the Subrecipient by regular U.S. Mail, postage pre-paid, and addressed as follows:
To the City:     City of Canton
                218 Cleveland Ave. S.W.
                Canton, Ohio 44702
                Attn: Rollin Seward

To the Subrecipient:     StarkMHAR
                        121 Cleveland Ave. S.W.
                        Canton, Ohio 44702
                        Attn: John Aller

Nothing contained in this section shall be construed to restrict the transmission of routing communications between representatives of the City and the Subrecipient.

VI. FINANCIAL MANAGEMENT
A. Accounting Standards
   The Subrecipient agrees to comply with 2 CFR 200 and agrees to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred.

B. Cost Principles
   The Subrecipient shall administer its program in conformance with 2 CFR 200 Subpart E – Cost Principals. These principles shall be applied for all costs incurred whether charged on a direct or indirect basis.

C. Audit
   The Subrecipient shall comply with the requirements of 2 CFR 200 Subpart F – Audit Requirements – with regards to annual audits. If the Subrecipient does not qualify for single audit, the Subrecipient shall at a minimum, have an annual audit conducted of the funds received from this Program.

VII. DOCUMENTATION AND RECORD KEEPING
A. Records to be Maintained
   1. The Subrecipient shall maintain all records required by the Federal regulations specified at 24 CFR 576.500 that are pertinent to the activities to be funded under this Agreement. Such records shall include, but not be limited to:
      1. Records providing a full description of each activity undertaken;
      2. Records demonstrating that each activity undertaken meets one of the Emergency Solutions Grant Program eligible activities;
      3. Records required to determine the eligibility of activities;
      4. Records required to document the acquisition, improvement, use or disposition of real property acquired or improved with Emergency Solutions Grant Program assistance;
      5. Records maintained in the Stark County HMIS, with continuous participation for the period of time outlined within 24 CFR 576;
      6. Financial records showing that Emergency Solutions Grant Program funds were spent on allowable costs in accordance with the

2. All costs and expenditures shall be supported by properly executed payrolls, time records, invoices, Agreements, vouchers, orders or other accounting documents pertaining in whole or in part to this Agreement and shall be clearly identified and readily accessible to the City and/or RPC. The Subrecipient shall retain a copy of each Request for Payment with the back-up documentation attached which supports that request.

3. At any time during normal business hours and as often as the City may deem necessary, the Subrecipient shall make available to the City and/or RPC all of its records with respect to all matters covered by this Agreement, and will permit the City and/or RPC to audit, examine, and make excerpts of transcripts from such records and to make audits of all agreements, invoices, materials, payrolls, records of personnel, conditions of employment and other data relating to all matters covered by this Agreement.

B. Retention

The Subrecipient shall retain all records pertaining to each fiscal year of Emergency Solutions Grant Program funds for the greater of five (5) years or the period specified below:

1. Documentation of each program participant’s qualification as a family or individual at risk of homelessness or as a homeless family or individual and other program participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served;

2. Where Emergency Solutions Grant Program funds are used for the renovation of an emergency shelter involves costs charged to the Emergency Solutions Grant Program grant that exceed 75% of the value of the building before renovation, records must be retained until 10 years after the date that Emergency Solutions Grant Program funds are first obligated for the renovation; and

3. Where Emergency Solutions Grant Program funds are used to convert a building into an emergency shelter and the costs charged to the grant for the conversion exceed 75% of the value of the building after conversion, records must be retained until 10 years after the date that funds are first obligated to the conversion.

C. Closeouts

The Subrecipient’s obligation to the City shall not end until all closeout requirements are completed. Activities during this closeout include, but are not limited to: making final payments, disposing of program assets (including the return of all materials, equipment, program income balances, and receivable accounts to the City), and determining the custodianship of records.

D. Audits and Inspections
Al of the Subrecipient’s records with respect to any matters covered by this Agreement shall be made available to the City, RPC, its designees or the Federal Government and its agencies or designees, at any time during normal business hours, as often as the City, RPC or the Federal Government, their agencies or designees deem necessary, to audit, examine, and make excerpts or transcripts of all relevant data. Any deficiencies noted in audit reports must be fully cleared by the Subrecipient within 30 days after completion. Failure of the Subrecipient to comply with the above audit requirements will constitute a violation of this Agreement and may result in the withholding of future payments. The Subrecipient agrees to have an annual agency audit conducted in accordance with 2 CFR 200 Subpart F – Audit Requirements.

E. Subcontracting

1. The Subrecipient represents that it has or will secure at its own expense, all personnel required to perform the work and services under this Agreement for the Program. All of the work and services required will be performed by the Subrecipient or under its supervision and all personnel engaged in the work and services shall be fully qualified and shall be authorized or permitted under Federal, State and local law to perform such work and services.

2. None of the work or services covered by this Agreement shall be subcontracted without written approval of the City. Any work or services subcontracted hereunder shall be subject to each provision of this Agreement.

VIII. PERFORMANCE STANDARDS

The City has adopted performance-based contracting with the goal of ending homelessness beyond traditional output measures – such as the number of persons in emergency shelter, the number of shelter bed nights provided, or the number of households receiving homelessness prevention assistance. Outcome performance measures are tailored to the category of Emergency Solutions Grant Program activity for which funding is awarded. Recipients will be expected to meet targets established by the Homeless Continuum of Care of Stark County (HCCSC) in partnership with the City of Canton. FY2018 target measures are detailed below but will be evaluated and are expected to be updated annually.

EMERGENCY SHELTERS

1. Average length of stay in shelter
   • 60 days

2. Median length of time in shelter
   • 45 days

3. Percentage of participants exiting to permanent housing
• ≥ 65%

4. Percentage of adult participants receiving at least one source of non-cash benefits or health insurance at program exit
   • ≥ 70%

5. Percentage of adult participants who gained or increased employment or non-employment cash income during the reporting period or at exit
   • ≥ 18%

6. Percentage of adult participants who exited from shelter to PH and returned to emergency shelter, safe haven, transitional housing or outreach projects
   • ≤ 7%

7. Percentage of adult participants who exited from shelter to PH and returned to emergency shelter, safe haven, transitional housing, or outreach projects within 24 months of exit
   • ≤ 20%

8. Average nightly occupancy by unit
   • ≥ 90%

9. Average nightly occupancy by bed
   • ≥ 95%

**RAPID RE-HOUSING**

1. Average length of stay in RRH
   • ≤ 150 days

2. Medium length of time in RRH
   • ≤ 130 days

3. Average time between project entry and placement into housing
   • ≤ 50 days

4. Percentage of participants exiting to permanent housing
   • ≥ 88%

5. Percentage of adult participants receiving at least one source of non-cash benefits or health insurance at program exit
   • ≥ 85%
6. Percentage of adult participants who gained or increased employment or non-employment cash income during the reporting period or at exit
   •  ≥ 30%

7. Percentage of adult participants who exited from RRH to PH and returned to shelter, safe haven, transitional housing or outreach projects within 6 months of exit
   •  ≤ 1.5 %

8. Percentage of adult participants who exited from RRH to PH and returned to shelter, safe haven, transitional housing or outreach projects within 24 months of exit
   •  ≤ 2%

PERMANENT SUPPORTIVE HOUSING

1. Percentage of participants remaining in PSH or exiting to PH as of the end of the reporting period or at program exit
   •  ≥ 96%

2. Percentage of adult participants receiving at least one source of non-cash benefits or health insurance at program exit
   •  ≥ 85%

3. Percentage of adult participants who gained or increased employment or non-employment cash income during the reporting period or at exit
   •  ≥ 30%

4. Percentage of adult participants who exited PSH and returned to shelter, safe haven, transitional housing, or outreach projects within 24 months of exit
   •  ≤ 5 %
IX. EQUAL EMPLOYMENT OPPORTUNITY AND FAIR HOUSING

A. The Subrecipient shall not discriminate against any employee or applicant for employment in accordance with Title VII of the Civil Rights Act of 1964 and ORC 4112.02, because of race, color, religion, sex, military status, national origin, disability, age, or ancestry with respect to employment, upgrading, demotion, transfer, recruitment or recruitment advertising, lay-off determination, rates of pay or other forms of compensation, selection for training including apprenticeship, testing, use of company facilities, or other terms and conditions of employment.

B. The Subrecipient shall comply with all other applicable Federal, State and local laws, regulations, and/or orders pertaining to equal employment opportunity.

C. The Subrecipient must comply with the following fair housing and non-discrimination laws:

1. Title VI of the Civil Rights Act of 1964 — This law prohibits discrimination on the basis of race, color, and national origin in all Federally-assisted programs.

2. Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended and implementing regulations at 24 CFR 100. The Fair Housing Act prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status, and disability.

3. The Age Discrimination Act of 1975, as amended and implementing regulations at 24 CFR Part 146. This law prohibits age discrimination in programs receiving Federal financial assistance.

4. Executive Orders 11063 and 12259 — Equal Opportunity in Housing, and implementing regulations at 24 CFR Part 107. These Executive Orders prohibit discrimination against individuals on the basis of race, color, religion, sex, and national origin in the sale, rental, leasing or other disposition of residential property, or in the use or occupancy of housing assisted with Federal funds.

5. Section 504 of the Rehabilitation Act of 1973 (Section 504) and implementing regulations at 24 CFR Part 8 — Section 504 prohibits discrimination based on disability in all programs or activities operated by recipients of Federal financial assistance.

6. Title II of the Americans with Disabilities Act (ADA) — Title II of ADA prohibits discrimination against persons with disabilities in all programs, activities, and services of a public entity.
7. Executive Order 11246 – Equal Employment Opportunity, as amended and its implementing regulations at 41 CFR Part 60 – The Subrecipient will not discriminate against any employee or applicant for employment because of race, color, national origin, sex, or religion. If the Subrecipient has 15 or more employees, MHRSB is prohibited from discriminating against any employee or applicant with a disability, in accordance with Title I of the Americans with Disabilities Act of 1990 (ADA). Nondiscrimination notices shall be included in all job postings and also posted in a visible place in the office.

X. TERMINATION

In addition to all other remedies provided under this Agreement or at law, the City may terminate this Agreement in the event or for the following reasons:
A. The Subrecipient’s failure, for any reason to fulfill in a timely and proper manner its obligations under this Agreement;
B. The Subrecipient’s breach of any term or condition of this Agreement;
C. The Subrecipient’s violation of any applicable federal, state, and/or local law, rule, regulation, OMB Circular, executive order or directive, including any provision of the Stewart B. McKinney Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act;
D. The Subrecipient’s submission of any invoices, reports or records that are incorrect, fraudulent and/or incomplete in any material respect;
E. Ineffective or improper use of the funds provided under this Agreement;
F. Suspension or termination of the Emergency Solutions Grant Program grant award to the City under which this Agreement is made. However, if the grant is merely reduced and in the absence of any contrary grantor agency directive, the Subrecipient may readjust its budget and recommend amendment(s) to the City;
or
G. When required or directed by HUD to terminate, assign, or transfer this Agreement.

XI. CONFLICT OF INTEREST

No member of the governing body of the City and no other officers, officials, agents or employees of the City, RPC or government of the United States of America, shall have any personal financial interest, direct or indirect, in this Agreement. The Subrecipient shall take appropriate steps to insure compliance.

XII. INTEREST OF SUBRECIPIENT
The Subrecipient covenants that no person who presently exercises any function or responsibilities in connection with the Program has any personal financial interest, direct or indirect, in the Agreement. The Subrecipient covenants that it presently has no interest and shall not acquire any interest, direct or indirect, in any parcels of property within the City which thereby causes conflict in any manner or degree with the performance of its work or services under the Program.

IN WITNESS WEHREOF, the City and the Subrecipient, each by a duly authorized representative, have executed this Agreement as of the date first set forth above.

CITY OF CANTON
By: ____________________________
   John Highman
Title: Service Director

STARKMHAR
By: ____________________________
   John Aller
Title: Executive Director

Approved as to legal form and sufficiency:

_______________________________
Kristen Bates Aylward
Canton Law Director
EXHIBIT A

Project Description

HMIS is a client information system that records the use of housing and services which can be used to determine the utilization of services of participating agencies, identifying gaps in the local service continuum and develop outcome measures of the homeless.

Subrecipient shall enter all required data for ESG sub-recipients provided by the programs in a timely manner, or assist them in entering data directly. HMIS will provide limited technical assistance, including troubleshooting and requested report generation. Homeless (or formerly homeless) persons are involved with HMIS through committees of the Continuum of Care of Stark County and through the Homeless Services Collaborative of Stark County.
### Exhibit B

## Budget

### Budget Detail

<table>
<thead>
<tr>
<th>Category Breakdown</th>
<th>ESG Funding Request</th>
<th>Match Funds</th>
<th>Source of Match Funds</th>
<th>Total Funds</th>
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<tbody>
<tr>
<td><strong>Personnel</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Salaries &amp; Benefits</td>
<td>$21,788.00</td>
<td>In-kind</td>
<td>In-house agencies</td>
<td>$21,788.00</td>
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<tr>
<td><strong>Direct Financial Assistance</strong></td>
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<tr>
<td>Short &amp; Medium Term Rental Assistance</td>
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<tr>
<td>Security Deposits</td>
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<tr>
<td>Utility Deposits</td>
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<tr>
<td>Utility Payments</td>
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<tr>
<td>Moving Costs</td>
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<tr>
<td>OTHER – Specify</td>
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<tr>
<td><strong>Financial Assistance</strong></td>
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<tr>
<td>Subtotal</td>
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<tr>
<td><strong>Other Costs Related to Housing Relocation and Stabilization Services</strong></td>
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<tr>
<td>Centralized Intake &amp; Assessment</td>
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<tr>
<td>Housing Search/Placement</td>
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<tr>
<td>Legal Services</td>
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<tr>
<td>Budgeting &amp; Credit Repair</td>
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<tr>
<td>Repair</td>
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<tr>
<td>Other (please specify)</td>
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<tr>
<td><strong>Services Subtotal</strong></td>
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<tr>
<td>Renovation</td>
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<td><strong>Shelter Operations</strong></td>
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<tr>
<td>Maintenance</td>
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<tr>
<td>Rent</td>
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<td>Security</td>
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<tr>
<td>Equipment</td>
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<td>Insurance</td>
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<tr>
<td>Utilities</td>
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<tr>
<td>Other (please specify)</td>
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<td><strong>Operations Subtotal</strong></td>
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<tr>
<td><strong>Essential Services</strong></td>
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<tr>
<td>Activity</td>
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<tr>
<td>Activity</td>
<td>Essential Services</td>
<td>Subtotal</td>
<td>Agencies/In-House</td>
<td>Subtotal</td>
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<tr>
<td>HMIS</td>
<td>$21,788.00</td>
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<td>$21,788 In-kind</td>
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<tr>
<td>Total ESG Request</td>
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<td></td>
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<tr>
<td>Total Other Funds</td>
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<td></td>
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</tr>
<tr>
<td>Grand Total</td>
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</tbody>
</table>
ORDINANCE NO. 129/2018

AN ORDINANCE AUTHORIZING THE MAYOR OR DIRECTOR OF PUBLIC SERVICE TO ADVERTISE, RECEIVE BIDS, AWARD, AND ENTER INTO ALL CONTRACTS NECESSARY FOR THE TIMELY EXPENDITURE OF COMMUNITY DEVELOPMENT BLOCK GRANT, EMERGENCY SOLUTIONS GRANT, AND HOME INVESTMENT PARTNERSHIP PROGRAM FUNDS; AND DECLARING THE SAME TO BE AN EMERGENCY

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF CANTON, STATE OF OHIO, THAT:

Section 1. The Mayor or Director of Public Service, on behalf of the city of Canton, is authorized and directed to advertise, receive bids, award, and enter into all contracts necessary for the timely expenditure of Community Development Block Grant Program Funds. No single award will exceed $500,000 for community development eligible activities benefiting low-and moderate income families.

Section 2. The Mayor or Director of Public Service, on behalf of the city of Canton, is further authorized and directed to advertise, receive bids, award, and enter into all contracts necessary for the timely expenditure of Emergency Solutions Grant Program Funds. No single award will exceed $200,000 for homeless prevention activities benefiting very low income families.

Section 3. The Mayor or Director of Public Service, on behalf of the city of Canton, is further authorized and directed to advertise, receive bids, award, and enter into all contracts necessary for the timely expenditure of HOME Investment Partnership Program Funds. No single award will exceed $500,000 for activities providing housing activities benefiting low- and moderate income families.
Section 4. The Auditor is authorized and directed to draw his warrants upon receipt of vouchers duly approved by the proper departmental authority.

Section 5. The Clerk of Council is authorized to correct any typographical errors discovered herein during or after the pendency or passage of this ordinance. The Clerk of Council is further authorized, in conjunction with the Law Department and the Majority Leader, to correct any ministerial or de minimis errors that do not substantially alter the intended results or numerical total sums of this ordinance, during or after the pendency or passage of this ordinance. Corrected copies are to be sent to all official recipients.

Section 6. This ordinance is hereby declared to be an emergency measure necessary for the immediate preservation of the public peace, health or safety of the citizens of the city of Canton; the emergency being to avoid unnecessary delay in the contracting process for various projects to assist low and moderate income residents. And provided it receives the affirmative vote of two-thirds of the elected and/or appointed members to Council, it shall take effect and be in force immediately upon its passage and approval by the Mayor; otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

PASSED: 6-18-18

[Signature]
President of Council

ATTEST: 6-18-18

[Signature]
Clerk of Council

APPROVED: 6-18-18

[Signature]
Mayor
BOARD OF CONTROL
Meeting Minutes

A Board of Control meeting was held Tuesday, October 2, 2018 at 9:00 AM in the Mayor’s Conference Room. Board President, Mayor Bernabei called the meeting to order at 9:00 AM. Director of Public Service John Highman and Director of Public Safety Andrea Perry were present. Board Secretary Katie Wise was also present.

Visitors present were Director Rollin Seward and Renee Biggums from the Development Department and David Hodges from the IT Department.

The following items were for review/approval by the Board of Control:

**Ordinance 129/2018**

Enter into various contracts for CDBG, HOME and ESG Programs with no single award exceeding $500,000.00 for CDBG Programs, $500,000.00 for HOME Programs or $200,000.00 for ESG Programs. These programs include building upgrades, rental assistance, home rehab and repair, expanding small businesses, clothing and prescription assistance, etc.

**Discussion:** Per Director Seward, these contracts are being completed per the 2018 Action Plan. All of these programs have been identified previously. The City has also been approved for a line of credit from HUD. The contracts for all three programs are ready to move forward.

**Motion:** Mayor Bernabei made a motion to approve the above referenced contracts.
Director Highman seconded.

**Vote:** 3 yea s 0 nays Motion carried.

**Ordinance 86/2018**

Enter into a professional services contract with STEP CG, LLC in the amount of $314,932.86 for the purchase and installation of a new Avaya VOIP phone solution system that will replace the current Toshiba PBX phone system.

**Discussion:** Per Director Highman, the final amount of $314,932.86 is down from the amount first received when negotiations started with STEP CG for this phone system. The Avaya system is on the State Department of Administrative Services contract, however the finalized amount from STEP CG is much lower than the State contract pricing. The final cost came down so significantly that the cost of this phone system and the new network system finalized a few weeks ago combined is cheaper than the original estimate for only the new phone system. As a result, money will now be left over on the Huntington line of credit.
Motion: Mayor Bernabei made a motion to approve the above referenced contract.
Director Highman seconded.

Vote: 3 yeas 0 nays Motion carried.

Ordinance 199/2018
Enter into contract with Watson Furniture Group, Inc. in the amount of $70,922.00 for the purchase of new dispatch consoles and chairs for the Communication Dispatch Office to move to City Hall, pursuant to Ohio Revised Code 9.48 and Canton Codified Ordinance 105.11 which exempt said purchase from competitive bidding.

Discussion: Per Director Perry, the purchase of the consoles is a completely separate contract from the leasing program for the chairs to be replaced every couple of years. The contract with Watson Furniture Group is set at $70,922.00.

Motion: Mayor Bernabei made a motion to approve the above referenced contract.
Director Highman seconded.

Vote: 3 yeas 0 nays Motion carried.

Ordinance 106/2017
Enter into Change Order No. 1 & Final with IBI Group for a cost reduction in the amount of $52,345.00 for the Oversight Services for the 40th St.-Grunder Ave. Area Water Main Replacement Project resulting in a new contract amount of $62,655.00.

Discussion: Per Director Highman, this project is now complete. The cost reduction of this change order is approximately 50% of the original contract price. Their work and pricing are based on an hourly rate. Director Highman will discuss project estimates with the Water Department as their pricing many times seems to be higher than the final price, which results in contract reductions.

Motion: Mayor Bernabei made a motion to approve the above referenced change order.
Director Highman seconded.

Vote: 3 yeas 0 nays Motion carried.

Ordinance 26/2017
Enter into Change Order No. 3 with S.E.T., Inc. in the amount of $22,958.50 for the Mahoning Road NE Corridor Phase 2 Project, GP 1103 due to an increased size in precast manhole vaults, additional conduit installation and moving AT&T.
communication wires in order to install storm pipe, resulting in a new contract amount of $9,007,154.41.

Discussion: No discussion.

Motion: Mayor Bernabei made a motion to approve the above referenced change order. Director Highman seconded.

Vote: 3 yeas 0 nays Motion carried.

Adjournment:
Mayor Bernabei made a motion to adjourn the meeting. Director Highman seconded.

Vote: 3 yeas 0 nays Meeting adjourned: 9:09 AM
MARCH 9, 2018

NOTICE OF CONTRACT COMPLIANCE

This document certifies that the following entity is in compliance with Section Four and Five of Ordinance No. 179/74, and has filed the required contract reports and meets the requirements as set forth in Ordinance 179/74 and the Canton City Codified Ordinance 507.03(B):

Stark County Mental Health & Addiction Recovery
121 Cleveland Avenue Southwest
Canton, OH 44702

Fonda P. Williams, II
Director of Compliance

John M. Highman Jr.
Director of Public Service

Certificate Expires: March 8, 2019
VERIFICATION REQUEST

PROGRAM: ESG Program

APPLICANT’S NAME & ADDRESS: Stark Mental Health & Recovery Services
121 Cleveland Ave. S.W.
Canton, OH 44702

CO-APPLICANT (if applicable):

VERIFICATION FOR (check): Income Tax

DATE OF VERIFICATION: 3-14, 2018

IF DELINQUENT, BALANCE OF ACCOUNT: $ __________

VERIFICATION PREPARED BY: __________________________
(Signature)

The City of Canton Department of Development has received authorization from the above mentioned person(s) to verify this information for participation in program(s) offered by the City of Canton.
**PURCHASE ORDER**

**TO:** 51329 - STARK CTY MENTAL HEALTH & ADDICTION RECVY

**STARK CTY MENTAL HEALTH & ADDICTION RECVY**

**121 CLEVELAND AVE SW**

**CANTON, OH 44702**

**DELIVER BY**

**SHIP VIA**

**FREIGHT TERMS**

**PAGE 1 of 1**

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>UNIT</th>
<th>DESCRIPTION</th>
<th>UNIT COST</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0000</td>
<td>Not Applied</td>
<td>705 Professional Services - All Other - ESG GRANT FOR HOMELESSNESS MANAGEMENT INFORMATION (HMIS) ACTIVITIES. NOT TO EXCEED $21,788.00. O#129/2018; C#2018-2219-0036; SU#4460 2219.505001.705.06 - Professional Services Other Professional Services 21,788.00</td>
<td>21,788.00</td>
<td>$21,788.00</td>
</tr>
</tbody>
</table>

**TOTAL** $21,788.00

**Special Instructions**

ACTIVITIES. NOT TO EXCEED $21,788.00. O#129/2018; C#2018-2219-0036; SU#4460

---

**Note:** Municipalities Are Tax Exempt

Mail Invoices in Triplicate on day of Shipment

Vendor - Payment can not be made unless
Auditor receives your Federal I.D. No. or Social Security No.

**By:** RICHARD A. MALLONN, II

Canton City Auditor

I HEREBY CERTIFY THAT THE MONEY TO MEET THE ABOVE OBLIGATIONS HAS BEEN LAWFULLY APPROPRIATED OR AUTHORIZED FOR SUCH PURPOSE AND IS IN THE TREASURY OR IN PROCESS OF COLLECTION TO THE CREDIT OF THE PROPER FUND AND FREE FROM ANY PREVIOUS OR OUTSTANDING OBLIGATION OR CERTIFICATION.
STARK HOUSING NETWORK
UNITED WAY SUBRECIPIENT FUNDING AGREEMENT

This AGREEMENT entered into as of this 7th day of November, 2018 by and between the STARK HOUSING NETWORK, INC. (hereinafter referred to as "SHNI") and STARK COUNTY MENTAL HEALTH & ADDICTION RECOVERY (hereinafter referred to as "SUBRECIPIENT").

WITNESSETH THAT:

WHEREAS, the Stark Housing Network, Inc. has applied for and received an United Way of Greater Stark County Grant (hereinafter referred to as "UNITED WAY") for certain eligible Financial Stability activities; and

WHEREAS, included in the application for said funds, or provided for in subsequent amendments to said application, is the activity entitled "CENTRALIZED INTAKE & ASSESSMENT"; and

WHEREAS, it is necessary that the SHNI and SUBRECIPIENT enter into an AGREEMENT for the implementation of said activity;

NOW, THEREFORE, the parties do hereby agree as follows:

1. Responsibility for Grant Administration: The SHNI is responsible for ensuring the administration of United Way funds in accordance with all program requirements. The use of Subrecipients does not relieve the SHNI of this responsibility. The SHNI is also responsible for determining the adequacy of performance under subrecipient agreements.

2. Scope of Service: SUBRECIPIENT hereby agrees to utilize funds made available under the United Way Program for the purpose of implementing the above-mentioned activity as described in ATTACHMENT A. Changes in ATTACHMENT A - Program Information may be requested from time-to-time by either the SHNI or SUBRECIPIENT and shall be incorporated in written amendments to this Agreement. SUBRECIPIENT certifies that the Central Intake and Assessment follows the required program components listed in ATTACHMENT A.

3. Time of Performance: This AGREEMENT shall take effect as of April 1, 2018 through and including MARCH 31, 2019.

4. Compensation: The SHNI shall compensate SUBRECIPIENT on a reimbursement basis, unless otherwise agreed upon between the SHNI and SUBRECIPIENT, for all expenditures made in accordance with the schedule set forth in ATTACHMENT B - Budget, which is attached.

In the event SUBRECIPIENT determines that it becomes necessary to amend the Budget, a written request must be submitted to the SHNI. Such a request will need to be taken to United Way for consideration.

All United Way funds allocated to the SUBRECIPIENT must be spent during the program year. No program year funds will be allowed to carry over to the following program year. Final invoices must be submitted to the SHNI within 30 days of the expiration of the program year March 31, 2019 in order to be reimbursed.

5. Method of Payment: Subject to receipt of funds from the United Way, the SHNI agrees to make payment to SUBRECIPIENT for eligible expenses which are in accordance with the Program Information and the Budget. Payments from SHNI to SUBRECIPIENT will be in the form of reimbursement unless otherwise agreed upon between the SHNI and SUBRECIPIENT. SUBRECIPIENT must submit a Request for Payment form and supporting financial documentation in order to receive payment.

6. Indemnification Clause: SUBRECIPIENT agrees to indemnify and hold the SHNI, its officers, agents, and employees harmless from any and all losses, claims, actions, costs, expenses, judgments, subrogations, or other damages resulting from injury to any person (including injury resulting in death), or damage (including loss or destruction) to property of whatsoever nature of any person, firm, or corporation arising out of the errors, omissions or negligent acts of SUBRECIPIENT in its performance of the terms of this funding agreement by SUBRECIPIENT, but not limited to SUBRECIPIENT'S employees,
agents, subcontractors, sub-subcontractors, and others designated by SUBRECIPIENT to perform work
or services in, about, or attend to, the work and services under the terms of this funding agreement.

7. **Subcontracting:** None of the services covered by this AGREEMENT shall be subcontracted unless the
subrecipient received written approval from the SHNI.

8. **Suspension and Termination:**

   a. **Termination of AGREEMENT for Cause:** If, through any cause, the SUBRECIPIENT fails to fulfill,
in a timely and proper manner, its obligations under this AGREEMENT, or if the SUBRECIPIENT
   violates any of the covenants of this AGREEMENT, the SHNI shall have the right to terminate this
   AGREEMENT by giving written notice to the SUBRECIPIENT specifying the effective date of the
   termination, at least seven (7) days before such effective date. In such event, all finished and
   unfinished documents, data, and reports prepared by the SUBRECIPIENT under this
   AGREEMENT shall, at the option of the SHNI, become its property with the SUBRECIPIENT
   entitled to receive equitable compensation for any work satisfactorily completed. Notwithstanding
   the above, the SUBRECIPIENT is not relieved of liability to the SHNI for damages sustained by
   the SHNI by virtue of any breach of this AGREEMENT by the SUBRECIPIENT, and the SHNI
   may withhold any payments due for the purpose of offsetting said damages until such time as
   the exact amount of damages due the SHNI from the SUBRECIPIENT is determined.

   b. **Termination of AGREEMENT for Convenience:** The SHNI and the SUBRECIPIENT shall each
   have the right to terminate this AGREEMENT at any time, for any reason, by giving at least thirty
   (30) days written notice to the applicable party of this AGREEMENT. In such event, the
   SUBRECIPIENT will be paid an amount which bears the same ratio to the total compensation as
   the services actually performed bear to the total contract services covered by the AGREEMENT,
   less payments of compensation previously made.

   c. **Alternatives to Termination:** In the event the SUBRECIPIENT fails to fulfill the terms and
   conditions of this AGREEMENT in a timely and diligent manner, the SHNI reserves the right, at its
   sole option, as an alternative to termination of this AGREEMENT, to reduce the services required
   of the SUBRECIPIENT and to reduce the project budget in a manner which reflects such a
   reduction, by giving such notice in writing, stating the date such reduction will become effective.

9. **Severability:** In the event that any provision of this AGREEMENT is declared or determined to be
   unlawful, invalid, or unconstitutional, such declaration shall not affect, in any manner, the legality of the
   remaining provisions and each provision of the AGREEMENT will be and is deemed to be separate and
   severable from every other provision.

IN WITNESS WHEREOF, the SHNI and SUBRECIPIENT have executed this AGREEMENT as of the date first above
written.

STARK HOUSING NETWORK, INC.

Marcie Bragg
Executive Director

STARK COUNTY MENTAL HEALTH & ADDICTION RECOVERY

Printed Name: O. M. Allen
Title: Executive Director
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/20/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: OH0422
      This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
      Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Young Women's Christian Association of Canton

b. Employer/Taxpayer Identification Number (EIN/TIN): 34-0714799

c. Organizational DUNS: 123409864

PLUS 4 0000

d. Address

Street 1: YWCA of Canton
Street 2: 231 6th Street NE
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44702-1092

e. Organizational Unit (optional)

Department Name: YWCA of Canton
Division Name: Housing

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

Prefix: Ms.
First Name: Linda
Middle Name: Louise
Last Name: Angelo
Suffix:
Title: Chief Financial Officer

Organizational Affiliation: Young Women's Christian Association of Canton
Telephone Number: (330) 453-7644
Extension:
Fax Number:  (330) 453-2735
Email:  langelo@yw cacanton.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Ohio
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: STARR

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
   (for multiple selections hold CTRL key)
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 10/01/2020
   b. End Date: 09/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Cathy
Middle Name:
Last Name: Jennings
Suffix:
Title: Chief Executive Officer

Telephone Number: (330) 453-7644
(Format: 123-456-7890)
Fax Number: (330) 453-2735
(Format: 123-456-7890)
Email: cjennings@ywcacanton.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/20/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Young Women's Christian Association of Canton
Prefix: Ms.
First Name: Cathy
Middle Name: 
Last Name: Jennings
Suffix: 
Title: Chief Executive Officer
Organizational Affiliation: Young Women's Christian Association of Canton
Telephone Number: (330) 453-7644
Extension: 
Email: cjennings@ywcacanton.org
City: Canton
County: Stark
State: Ohio
Country: United States
Zip/Postal Code: 44702-1092

2. Employer ID Number (EIN): 34-0714799
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $220,652.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

STARR YWCA of Canton Canton Ohio

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? (For further information, see 24 CFR Sec. 4.3).

Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio Development Services Agency</td>
<td>Housing Trust Fund Grant-2 yr grant</td>
<td>$306,000.00</td>
<td>New Beginnings PSH Program Operating Costs</td>
</tr>
<tr>
<td>Stark County Community Planning (ODSA Grant)</td>
<td>HPRP-2 year grant</td>
<td>266200.0</td>
<td>Rapid Re-Housing Rental Assistance/Case Management</td>
</tr>
</tbody>
</table>

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).
### Alphabetical list of all persons with a reportable financial interest in the project or activity
(For individuals, give the last name first)

<table>
<thead>
<tr>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Certification

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

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

I AGREE: X

**Name / Title of Authorized Official:** Cathy Jennings, Chief Executive Officer

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

**Date Signed:** 08/12/2019
**1H. HUD 50070**

**HUD 50070 Certification for a Drug Free Workplace**

**Applicant Name:** Young Women's Christian Association of Canton

**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:

<table>
<thead>
<tr>
<th>Certification/Obligation</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</td>
</tr>
<tr>
<td>e.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f.</td>
<td>Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

**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. 

X

Renewal Project Application FY2019  Page 12  08/21/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.
First Name: Cathy
Middle Name
Last Name: Jennings
Suffix:
Title: Chief Executive Officer
Telephone Number: (330) 453-7644
(Format: 123-456-7890)
Fax Number: (330) 453-2735
(Format: 123-456-7890)
Email: cjennings@ywacacanton.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/20/2019

Applicant: YWCA of Canton
Project: STARR
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant’s Organization: Young Women's Christian Association of Canton

Name / Title of Authorized Official: Cathy Jennings, Chief Executive Officer

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

Date Signed: 08/20/2019
DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

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: Young Women’s Christian Association of Canton
Street 1: YWCA of Canton
Street 2: 231 6th Street NE
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44702-1092

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

I certify that this information is true and complete. X
Authorized Representative
Prefix: Ms.
First Name: Cathy
Last Name: Jennings
Suffix:
Title: Chief Executive Officer

Telephone Number: (330) 453-7644
(Format: 123-456-7890)
Fax Number: (330) 453-2735
(Format: 123-456-7890)
Email: cjennings@yw cacanton.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/20/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  
   Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  
   No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0422
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: STARR

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Stark Area Rapid Rehousing (STARR I) will assist households that are comprised single individuals and are deemed literally homeless and referred to the project by Stark County Homeless Navigation. Persons must meet the HUD homeless definition for Category 1 and 4 (only if also meeting Category 1) to be eligible for services. The program focuses on chronically homeless individuals however, in instances of inability to confirm chronicity the program may serve non-chronic homeless individuals. Time limited case management services will be delivered to assist program participants with short term rental assistance, housing stability, supportive services, and working to increase client's income from employment and other sources. The STARR I project will serve an estimated 57 persons during the grant period and will utilize the Housing First approach in providing clients with short term rental assistance to find permanent housing quickly and without conditions.

Intake: Stark County utilizes a central intake and assessment system. Homeless Navigation will gather the initial data to determine if the caller is to be placed on the Rapid Rehousing prioritization list. Part of this process involves an assessment tool (SPDAT) to determine information and potential program eligibility. Assessment: The Rapid Rehousing prioritization list will be utilized to identify single households. The person next on list will be contacted by a STARR I Case Manager. The Case Manager will perform an initial assessment over the phone followed by a formal intake in person. The intake will determine eligibility. Stabilization: Upon acceptance into the program, housing search assistance is provided to locate permanent and affordable housing. STARR Case Managers have an established network of landlords in which they work with to secure housing. Case Managers negotiate with landlords, advocate for clients, and assist in securing a signed lease for the client. The program strives to locate permanent housing for clients within 30 days of program entry. Additional housing services will include education of landlord/tenant rights, fair housing, lease education, landlord liaison services, budgeting and connection to mainstream services for up to 18 months. The Case Manager will develop an Individual Service Plan with participants to identify client oriented goals which are reviewed during monthly home visits. To further assist clients of STARR I, the YWCA is working collaboratively with ICAN Housing through an employment grant. The grant is exclusively for STARR participants whom an Employment Strategist will engage with to help clients identify and overcome barriers to employment. The intention of the Employment Strategist is to help the participants obtain and retain employment. In doing so, the mission is to increase the employment rate among STARR participants and to reduce
recidivism back into the homeless system.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update) X

Other: Individuals

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

| Failure to participate in supportive services | X |
| Failure to make progress on a service plan | X |
Loss of income or failure to improve income  

Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area  

None of the above  

3d. Does the project follow a "Housing First" approach?  

Yes
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

Applicant: YWCA of Canton
Project: STARR

Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 57
Total Beds: 57

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>57</td>
<td>57</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 57
   b. Beds: 57

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: Various street addresses
   Street 2:
   City: Various throughout the county
   State: Ohio
   ZIP Code:

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   390066 Alliance, 390858 Canton, 393114 Massillon, 399151 Stark County
This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>57</td>
<td>0</td>
<td>57</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>47</td>
<td></td>
<td>47</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>10</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>57</td>
<td>0</td>
<td>57</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>47</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>57</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>10</td>
<td>6</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Rental Assistance  X
   - Supportive Services  X
   - HMIS
6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>OH - Canton-Massillon, OH MSA (390199...)</td>
<td>17</td>
<td>$109,956</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $109,956
Total Units: 17
Rental Assistance Budget Detail

Type of Rental Assistance:  TRA

Metropolitan or non-metropolitan fair market rent area:  OH - Canton-Massillon, OH MSA (3901999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?  No

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$355</td>
<td>$355</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$473</td>
<td>$473</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>17 x</td>
<td>$539</td>
<td>$539</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$717</td>
<td>$717</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$916</td>
<td>$916</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$977</td>
<td>$977</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,124</td>
<td>$1,124</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,270</td>
<td>$1,270</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,417</td>
<td>$1,417</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$1,563</td>
<td>$1,563</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$1,710</td>
<td>$1,710</td>
<td>x</td>
<td>12</td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested: 17

Grant Term:  1 Year

Total Request for Grant Term:  $109,956

Click the 'Save' button to automatically calculate totals.
### 6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

**Summary for Match**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$55,163</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$55,163</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  
   No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>ODSA County HPRP</td>
<td>08/20/2019</td>
<td>$55,163</td>
</tr>
</tbody>
</table>
### Sources of Match Detail

1. **Will this commitment be used towards Match?**
   - Yes

2. **Type of Commitment:**
   - Cash

3. **Type of Source:**
   - Government

4. **Name the Source of the Commitment:**
   - ODSA County HPRP Grant
   
   *((Be as specific as possible and include the office or grant program as applicable))*

5. **Date of Written Commitment:**
   - 08/20/2019

6. **Value of Written Commitment:**
   - $55,163
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$109,956</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$90,837</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$200,793</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$19,859</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$220,652</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$55,163</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$55,163</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$275,815</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>STARR Match Letter</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:  STARR Match Letter

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Cathy Jennings
Date: 08/20/2019
Title: Chief Executive Officer
Applicant Organization: Young Women's Christian Association of Canton
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td></td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td></td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>

| Part 7 - Attachment(s) & Certification |   |

申请人: YWCA of Canton  340714799

项目: STARR  176273
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

The budget has been adjusted to increase the administration budget to the 10% allowed by HUD. This adjustment caused the administrative budget to increase by $3,885 and the supportive services budget to decrease by $3,885.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

Applicant: YWCA of Canton
Project: STARR

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/09/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/09/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/09/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/20/2019</td>
</tr>
</tbody>
</table>
August 20, 2019

US Department of HUD
Columbus Field Office
200 North High Street
Columbus, OH 43215

Dear Anthony:

Please use this letter as confirmation that the YWCA Canton will provide a cash match of $55,163 for our STARR program. This match will be provided from the following grant sources:

- Stark County Regional Planning Commission (ODSA) HCRP Grant for rapid re-housing
  $55,163

Sincerely,

Cathy Mick-Jennings
Chief Executive Officer
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission:  Application
2. Type of Application:  Renewal Project Application

If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received:  08/21/2019

4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier:  OH0495

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
a. Legal Name: Young Women's Christian Association of Canton
b. Employer/Taxpayer Identification Number (EIN/TIN): 34-0714799
c. Organizational DUNS: 123409864
   PLUS 4 0000

  d. Address
    Street 1: YWCA of Canton
    Street 2: 231 6th Street NE
    City: Canton
    County: Stark
    State: Ohio
    Country: United States
    Zip / Postal Code: 44702-1092

e. Organizational Unit (optional)
   Department Name: YWCA of Canton
   Division Name: Housing

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Linda
   Middle Name: Louise
   Last Name: Angelo
   Suffix: 
   Title: Chief Financial Officer
   Organizational Affiliation: Young Women's Christian Association of Canton
   Telephone Number: (330) 453-7644
Extension:
Fax Number:  (330) 453-2735
Email:  langelo@yw cacanton.org
1C. SF-424 Application Details

9. Type of Applicant:  M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title:  CoC Program
   CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6300-N-25
   Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (State(s) only): Ohio
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: STARR II

16. Congressional District(s):
   a. Applicant: OH-013, OH-016, OH-007
      (for multiple selections hold CTRL key)
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2020
   b. End Date: 11/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?

   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

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

20. Is the Applicant delinquent on any Federal debt?

   No

   If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Cathy
Middle Name: 
Last Name: Jennings
Suffix: 
Title: Chief Executive Officer

** Telephone Number: (330) 453-7644
(Format: 123-456-7890)
** Fax Number: (330) 453-2735
(Format: 123-456-7890)
** Email: cjennings@ywccanton.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/21/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Young Women's Christian Association of Canton
   Prefix: Ms.
   First Name: Cathy
   Middle Name: 
   Last Name: Jennings
   Suffix: 
   Title: Chief Executive Officer

   Organizational Affiliation: Young Women's Christian Association of Canton

   Telephone Number: (330) 453-7644
   Extension:

   Email: cjennings@ywacacanton.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44702-1092

2. Employer ID Number (EIN): 34-0714799

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance
   Requested/Received: $237,611.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

STARR II YWCA of Canton Canton Ohio

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? (For further information, see 24 CFR Sec. 4.3).

Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio Development Services Agency</td>
<td>Housing Trust Fund Grant-2 yr grant</td>
<td>$306,000.00</td>
<td>New Beginnings PSH Program Operating Costs</td>
</tr>
<tr>
<td>Stark County Community Planning (ODSA Grant)</td>
<td>HPRP-2 year grant</td>
<td>266200.0</td>
<td>Rapid Re-Housing Rental Assistance/Case Management</td>
</tr>
</tbody>
</table>

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).
### Alphabetical list of all persons with a reportable financial interest in the project or activity
(For individuals, give the last name first)

<table>
<thead>
<tr>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

---

**Certification**

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

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

I AGREE: X

**Name / Title of Authorized Official:**  
Cathy Jennings, Chief Executive Officer

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

**Date Signed:**  08/12/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Young Women's Christian Association of Canton

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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</td>
</tr>
<tr>
<td>e.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f.</td>
<td>Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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.

Applicant: YWCA of Canton
Project: STARR II
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.
First Name: Cathy
Middle Name
Last Name: Jennings
Suffix:
Title: Chief Executive Officer
Telephone Number: (330) 453-7644
(Format: 123-456-7890)
Fax Number: (330) 453-2735
(Format: 123-456-7890)
Email: cjennings@ywcacanton.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/21/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal 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: Young Women’s Christian Association of Canton

Name / Title of Authorized Official: Cathy Jennings, Chief Executive Officer

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

Date Signed: 08/21/2019
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: Young Women's Christian Association of Canton
Street 1: YWCA of Canton
Street 2: 231 6th Street NE
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44702-1092

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

I certify that this information is true and complete. X

Applicant: YWCA of Canton
Project: STARR II
Authorized Representative

Prefix: Ms.
First Name: Cathy
Middle Name: 
Last Name: Jennings
Suffix: 
Title: Chief Executive Officer

Telephone Number: (330) 453-7644
(Format: 123-456-7890)

Fax Number: (330) 453-2735
(Format: 123-456-7890)

Email: cjennings@ywcacanton.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/21/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
## Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  **Yes**

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  **No**

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  **Yes**

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  **No**
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: $21,825

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coleman Professional Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$21,825</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Coleman Professional Services

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 34-1240178

d. Organizational DUNS: 089247571

<table>
<thead>
<tr>
<th>e. Physical Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street 1: 400 Tuscarawas Street W</td>
</tr>
<tr>
<td>Street 2:</td>
</tr>
<tr>
<td>City: Canton</td>
</tr>
<tr>
<td>State: Ohio</td>
</tr>
<tr>
<td>Zip Code: 44702</td>
</tr>
</tbody>
</table>

f. Congressional District(s): OH-013, OH-016, OH-007

(f for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: $21,825

j. Contact Person

Prefix: Mr.
First Name: Stephen
Middle Name: 
Last Name: Inchak
Suffix:
Title: Behavioral Health Chief Officer
E-mail Address: stephen.inchak@colemanservices.org
Confirm E-mail Address: stephen.inchak@colemanservices.org
Phone Number: 330-438-4200
Extension: 
Fax Number: 330-438-3003

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0495
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: STARR II

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Stark Area Rapid Rehousing (STARR II) will assist households that are comprised of families with children and are deemed literally homeless and referred to the project by Stark County Homeless Navigation. Families must meet the HUD homeless definition for Category 1 and 4 (only if also meeting Category 1) to be eligible for services. Time limited case management services will be delivered to assist program participants with short term rental assistance, lease compliance, housing stability, supportive services, and working to increase client’s income from employment and other sources. The STARR II project will serve an estimated 175 persons during the grant period. The project will utilize the Housing First approach in providing families with short term rental assistance to find permanent housing quickly and without conditions.

Intake: Stark County utilizes a central intake and assessment system. Homeless Navigation will gather the initial data to determine if the caller is to be placed on the Rapid Rehousing prioritization list. Part of this process involves an assessment tool (SPDAT) to determine information and potential program eligibility. Assessment: The Rapid Rehousing prioritization list will be utilized to identify families with children. The family next on list will be contacted by a STARR II Case Manager. The Case Manager will perform an initial assessment over the phone followed by a formal intake in person. The intake will determine eligibility. Stabilization: Upon acceptance into the STARR II program, housing search assistance is provided to locate permanent and affordable housing. STARR Case Managers have an established network of landlords in which they work with to secure housing. Case Managers negotiate with landlords, advocate for clients and assist in securing a signed lease for the client. The STARR program strives to locate permanent housing for clients within 30 days of program entry. Additional housing services will include education of landlord/tenant rights, fair housing, lease education, landlord liaison services, budgeting and connection to services (co-grantee) for up to 18 months. The Case Manager will develop an Individual Service Plan with participants to identify client oriented goals which are reviewed during monthly home visits. The co-grantee will provide support in areas of budgeting, parenting, mental health, and substance abuse. The co-grantee for this project is Coleman Professional Services. To further assist clients of STARR II, the YWCA is working collaboratively with ICAN Housing through an employment grant. The grant is exclusively for STARR participants whom an Employment Strategist will engage with to help clients identify and overcome barriers to employment. The intention of the Employment Strategist is to help the participants obtain and retain employment. In doing so, the mission is to increase the employment rate.
among STARR participants and to reduce recidivism back into the homeless system.

2. Does your project have a specific population focus?  

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families with Children</th>
<th>HIV/AIDS</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestics Violence</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing  

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

| Having too little or little income | X |
| Active or history of substance use | X |
| Having a criminal record with exceptions for state-mandated restrictions | X |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | X |
| None of the above |   |

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

| Failure to participate in supportive services | X |
| Failure to make progress on a service plan | X |

Applicant: YWCA of Canton  
Project: STARR II  
Application: Renewal Project Application FY2019  
Page 27  
08/21/2019
| Loss of income or failure to improve income | X |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area | X |
| None of the above |   |

3d. Does the project follow a "Housing First" approach? Yes
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Applicant</td>
<td>Semi-annually</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

| Renewal Project Application FY2019 | Page 29 | 08/21/2019 |
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.  

Yes
4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single family homes/townhou...</td>
<td>---</td>
<td>27</td>
<td>66</td>
</tr>
</tbody>
</table>

Total Units: 27
Total Beds: 66
4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 27
   b. Beds: 66

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: 
   Street 2: 
   City: Canton
   State: Ohio
   ZIP Code: 44702

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   390066 Alliance, 390858 Canton, 393114 Massillon, 399151 Stark County
5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>27</td>
<td></td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>12</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>15</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>39</td>
<td></td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>66</td>
<td>0</td>
<td>0</td>
<td>66</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>39</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
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<tr>
<td>Total Persons</td>
<td>66</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Rental Assistance  X
   - Supportive Services  X
   - HMIS
6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>OH - Canton-Massillon, OH MSA (390199...</td>
<td>13</td>
<td>$134,076</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $134,076
Total Units: 13
## Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** OH - Canton-Massillon, OH MSA (3901999999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

### Size of Units

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$355</td>
<td>$355</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$473</td>
<td>$473</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>0</td>
<td>$539</td>
<td>$539</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>4</td>
<td>$717</td>
<td>$717</td>
<td>x 12</td>
<td>= $34,416</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>8</td>
<td>$916</td>
<td>$916</td>
<td>x 12</td>
<td>= $87,936</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>1</td>
<td>$977</td>
<td>$977</td>
<td>x 12</td>
<td>= $11,724</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,124</td>
<td>$1,124</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,270</td>
<td>$1,270</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,417</td>
<td>$1,417</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$1,563</td>
<td>$1,563</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$1,710</td>
<td>$1,710</td>
<td>x 12</td>
<td>= $0</td>
</tr>
</tbody>
</table>

### Total Units and Annual Assistance Requested

13

### Grant Term

1 Year

### Total Request for Grant Term

$134,076

Click the 'Save' button to automatically calculate totals.
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$59,403</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$59,403</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Stark County Regi...</td>
<td>08/20/2019</td>
<td>$48,100</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>YWCA Donations</td>
<td>08/20/2019</td>
<td>$11,303</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  Cash
3. Type of Source:  Private
4. Name the Source of the Commitment:  Stark County Regional Planning Grant
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  08/20/2019
6. Value of Written Commitment:  $48,100

Sources of Match Detail

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  Cash
3. Type of Source:  Private
4. Name the Source of the Commitment:  YWCA Donations
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  08/20/2019
6. Value of Written Commitment:  $11,303
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$134,076</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$82,150</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$216,226</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$21,385</td>
</tr>
<tr>
<td>8. Total Assistance</td>
<td>$237,611</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$59,403</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$59,403</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$297,014</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Coleman Professio...</td>
<td>10/19/2015</td>
</tr>
<tr>
<td>2) Other Attachmenbt</td>
<td>No</td>
<td>STARR II Match Le...</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Coleman Professional Services 501c3 Letter

Attachment Details

Document Description: STARR II Match Letter

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Cathy Jennings
Date: 08/21/2019
Title: Chief Executive Officer

Applicant Organization: Young Women’s Christian Association of Canton
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information
2A. Subrecipients

Part 3 - Project Information
3A. Project Detail
3B. Description

Part 4 - Housing Services and HMIS
4A. Services
4B. Housing Type

Part 5 - Participants and Outreach Information
5A. Households
5B. Subpopulations

Part 6 - Budget Information
6A. Funding Request
6C. Rental Assistance
6D. Match
6E. Summary Budget

Part 7 - Attachment(s) & Certification
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Increase Administrative budget by $4,168 to the 10% allowed by HUD and reduce supportive services budget by $4,168 for this change

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/12/2019</td>
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<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/09/2019</td>
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<tr>
<td>1F. SF-424 Declaration</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/12/2019</td>
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<tr>
<td>1I. Cert. Lobbying</td>
<td>08/12/2019</td>
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<tr>
<td>1J. SF-LLL</td>
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<td>3A. Project Detail</td>
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<td>3B. Description</td>
<td>08/09/2019</td>
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<td>4A. Services</td>
<td>08/09/2019</td>
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<tr>
<td>4B. Housing Type</td>
<td>08/09/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/09/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/09/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/09/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/21/2019</td>
</tr>
</tbody>
</table>
Dear Sir or Madam:

This is in response to your letter dated June 9, 1997, requesting a name change to your organization. We have updated our records to reflect this change.

Our records indicate that a determination letter issued in August 1978, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization’s operations would continue as stated in the application. If your organization’s sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization’s annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.
Coleman Professional Services, Inc.
34-1240178

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

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

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your organization's exempt status.

Sincerely,

C. Ashley Bullard
District Director
August 20, 2019

US Department of HUD
Columbus Field Office
200 North High Street
Columbus, OH 43215

Dear Anthony:

Please use this letter as confirmation that the YWCA Canton will provide a cash match of $59,403 for our STARR II program. This match will be provided from the following grant sources:

- Private donations $11,303 received by the YWCA for supportive service costs (case manager occupancy costs) and administrative salary costs
- Stark County Regional Planning Commission (ODSA) HCRP Grant for rapid re-housing $48,100

Sincerely,

Cathy Mick-Jennings
Chief Executive Officer
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/16/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: OH0516
This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
   X
5. Date Received by State:
6. State Application Identifier:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Young Women's Christian Association of Canton
   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-0714799
   c. Organizational DUNS: 123409864 PLUS 4 0000

   d. Address
      Street 1: YWCA of Canton
      Street 2: 231 6th Street NE
      City: Canton
      County: Stark
      State: Ohio
      Country: United States
      Zip / Postal Code: 44702-1092

   e. Organizational Unit (optional)
      Department Name: YWCA of Canton
      Division Name: Housing

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Linda
      Middle Name: Louise
      Last Name: Angelo
      Suffix: 
      Title: Chief Financial Officer
      Organizational Affiliation: Young Women's Christian Association of Canton
      Telephone Number: (330) 453-7644
Extension:
Fax Number: (330) 453-2735
Email: langelo@ywcacanton.org
9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
   (for multiple selections hold CTRL key)
   Ohio

15. Descriptive Title of Applicant's Project: New Beginnings PSH

16. Congressional District(s):
   a. Applicant:
      (for multiple selections hold CTRL key)
      OH-013, OH-016, OH-007
   b. Project:
      (for multiple selections hold CTRL key)
      OH-013, OH-016, OH-007

17. Proposed Project
   a. Start Date: 11/01/2020
   b. End Date: 10/31/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
      f. Program Income:
      g. Total:
1E. SF-424 Compliance

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

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

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

   If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:  Ms.
First Name:  Cathy
Middle Name:  
Last Name:  Jennings
Suffix:  
Title:  Chief Executive Officer
Telephone Number:  (330) 453-7644
(Format: 123-456-7890)
Fax Number:  (330) 453-2735
(Format: 123-456-7890)
Email:  cjennings@ywcacanton.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/16/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Young Women's Christian Association of Canton
   Prefix: Ms.
   First Name: Cathy
   Middle Name: 
   Last Name: Jennings
   Suffix: 
   Title: Chief Executive Officer
   Organizational Affiliation: Young Women's Christian Association of Canton
   Telephone Number: (330) 453-7644
   Extension: 
   Email: cjennings@ywcacheaton.org
   City: Canton
   County: Stark
   State: Ohio
   Country: United States
   Zip/Postal Code: 44702-1092

2. Employer ID Number (EIN): 34-0714799
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $35,610.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

New Beginnings PSH YWCA of Canton Canton Ohio

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? (For further information, see 24 CFR Sec. 4.3).

Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio Development Services Agency</td>
<td>Housing Trust Fund Grant-2 yr grant</td>
<td>$306,000.00</td>
<td>New Beginnings PSH Program Operating Costs</td>
</tr>
<tr>
<td>Stark County Community Planning (ODSA Grant)</td>
<td>HPRP-2 year grant</td>
<td>266200.0</td>
<td>Rapid Re-Housing Rental Assistance/Case Management</td>
</tr>
</tbody>
</table>

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).
<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Certification**

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

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

I AGREE: [X]

**Name / Title of Authorized Official:** Cathy Jennings, Chief Executive Officer

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

**Date Signed:** 08/12/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Young Women's Christian Association of Canton

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---
   (1) The dangers of drug abuse in the workplace
   (2) The Applicant's policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

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.
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.  
First Name: Cathy  
Middle Name  
Last Name: Jennings  
Suffix:  
Title: Chief Executive Officer

Telephone Number: (330) 453-7644  
(Format: 123-456-7890)

Fax Number: (330) 453-2735  
(Format: 123-456-7890)

Email: cjennings@ywca-canton.org

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

Date Signed: 08/16/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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: Young Women's Christian Association of Canton

Name / Title of Authorized Official: Cathy Jennings, Chief Executive Officer

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

Date Signed: 08/16/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

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: Young Women's Christian Association of Canton
Street 1: YWCA of Canton
Street 2: 231 6th Street NE
City: Canton
County: Stark
State: Ohio
Country: United States
Zip / Postal Code: 44702-1092

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Ms.
First Name: Cathy
Middle Name:
Last Name: Jennings
Suffix:
Title: Chief Executive Officer

Telephone Number: (330) 453-7644
(Format: 123-456-7890)

Fax Number: (330) 453-2735
(Format: 123-456-7890)

Email: cjennings@ywcacanton.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/16/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition?  "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: OH0516
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

2b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

3. Project Name: New Beginnings PSH

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Does this project include Replacement Reserves? No
3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

New Beginnings is a 26 unit Permanent Supportive housing (PSH) facility that serves homeless individuals and families; current structure of the building is 6 family units and 20 single units. Each unit is a private apartment with a kitchen area and private bathroom. Client profiles include persons with substance abuse issues, persons with mental health issues, domestic violence victims, and persons with physical disabilities. There will be one full-time staff on site to provide case coordination that will support clients in maintaining their housing. While participation in supportive services is not a requirement, engagement is encouraged. Services have been adapted to the Housing First Model that will allow participants to chart a successful path to maintaining stable housing. Tenants will have the opportunity to create a housing stability plan to identify client determined barriers to maintaining housing. The Case Coordinator will work actively with each client to ensure that the identified barriers do not endanger their housing. The housing stability plan will be reviewed regularly and can be adapted to meet the changing needs and barriers of the client. Referrals will be made by the Case Coordinator to appropriate services based upon the housing stability plan.

2. Does your project have a specific population focus?  Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Other                  |           |  |
|                        | (Click 'Save' to update) |     |

Applicant: YWCA of Canton
Project: New Beginnings PSH

Renewal Project Application FY2019  Page 24  08/21/2019
Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  Yes
3C. Dedicated Plus

Dedicated and 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 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

   2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **No**

   2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? **Yes**

3. Do project participants have access to **Yes**
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Units: 8
Total Beds: 8
Total Dedicated CH Beds: 8

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dormitory, shared or privat...</td>
<td>---</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Dormitory, shared or private rooms

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 8
   b. Beds: 8

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   8
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 800 West Tuscarawas St.
   Street 2: 
   City: Canton
   State: Ohio
   ZIP Code: 44702

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   399151 Stark County
### 5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Number of Households</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

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

Applicant: YWCA of Canton
Project: New Beginnings PSH
Renewal Project Application FY2019 Page 32 08/21/2019
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services  X
   - Operating  X
   - HMIS
6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments</td>
<td>$8,903</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments</td>
<td>$8,903</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Ohio Development ...</td>
<td>08/16/2019</td>
<td>$8,903</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Ohio Development Services Agency
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2019
6. Value of Written Commitment: $8,903
6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$14,025</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$19,392</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$33,417</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$2,193</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$35,610</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$8,903</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$8,903</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$44,513</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>NBH Match Letter</td>
<td>08/16/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description: NBH Match Letter

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  Cathy Jennings

**Date:**  08/16/2019

**Title:**  Chief Executive Officer

**Applicant Organization:**  Young Women’s Christian Association of Canton
PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  Submit without changes

The applicant has selected “Submit without changes” to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select “Make changes” above and update the relevant project information.
8B Submission Summary

Applicant: YWCA of Canton
Project: New Beginnings PSH

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<th>Last Updated</th>
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<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
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</tr>
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Renewal Project Application FY2019

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<td><strong>Renewal Grant Consolidation</strong></td>
<td>08/12/2019</td>
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<td><strong>2A. Subrecipients</strong></td>
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</tr>
<tr>
<td><strong>3A. Project Detail</strong></td>
<td>08/12/2019</td>
</tr>
<tr>
<td><strong>3B. Description</strong></td>
<td>08/07/2019</td>
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<td><strong>3C. Dedicated Plus</strong></td>
<td>08/07/2019</td>
</tr>
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<td><strong>4A. Services</strong></td>
<td>08/07/2019</td>
</tr>
<tr>
<td><strong>4B. Housing Type</strong></td>
<td>08/07/2019</td>
</tr>
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<td><strong>5A. Households</strong></td>
<td>08/07/2019</td>
</tr>
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<td><strong>5B. Subpopulations</strong></td>
<td>No Input Required</td>
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<tr>
<td><strong>6A. Funding Request</strong></td>
<td>08/07/2019</td>
</tr>
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<td><strong>6D. Match</strong></td>
<td>08/16/2019</td>
</tr>
<tr>
<td><strong>6E. Summary Budget</strong></td>
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<td><strong>7A. Attachment(s)</strong></td>
<td>08/16/2019</td>
</tr>
<tr>
<td><strong>7B. Certification</strong></td>
<td>08/16/2019</td>
</tr>
<tr>
<td><strong>Submission Without Changes</strong></td>
<td>08/16/2019</td>
</tr>
</tbody>
</table>
August 16, 2019

US Department of HUD
Columbus Field Office
200 North High Street
Columbus, OH 43215

Dear Anthony:

Please use this letter as confirmation that the YWCA Canton will provide a cash match of $8,903 for our New Beginnings Housing PSH program. This match will be provided from the grant we receive from Ohio Development Services Agency for this program. These funds will cover operating costs of the grant.

Sincerely,

[Signature]

Cathy Mick-Jennings
Chief Executive Officer
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.)
1A. SF-424 Application Type

1. Type of Submission: 
2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/29/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
a. Legal Name: Coleman Professional Services
b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1240178
c. Organizational DUNS: 089247571 PLUS 4:
d. Address
   Street 1: 5982 Rhodes Road
   Street 2:
      City: Kent
      County: Portage
      State: Ohio
      Country: United States
      Zip / Postal Code: 44240
e. Organizational Unit (optional)
   Department Name: Residential Services
   Division Name:
f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Heidi
   Middle Name:
   Last Name: Shaffer
   Suffix:
   Title: Grant Writer
   Organizational Affiliation: Coleman Professional Services
   Telephone Number: (330) 676-6815
Extension:
Fax Number:  (330) 678-3677
Email: heidi.shaffer@colemanservices.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Ohio
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Coleman Massillon PSH

16. Congressional District(s):
   b. Project: OH-007
(for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 03/01/2020
   b. End Date: 02/28/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
   g. Total:
1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: x

21. Authorized Representative

Prefix: Mr.
First Name: Nelson
Middle Name: W.
Last Name: Burns
Suffix: 
Title: President & CEO
Telephone Number: (330) 676-6801
Fax Number: (330) 678-3677

Email: nelson.burns@colemanservices.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Coleman Professional Services
Prefix: Mr.
First Name: Nelson
Middle Name: W.
Last Name: Burns
Suffix:
Title: President & CEO
Organizational Affiliation: Coleman Professional Services
Telephone Number: (330) 676-6801
Extension:
Email: nelson.burns@colemanservices.org
City: Kent
County: Portage
State: Ohio
Country: United States
Zip/Postal Code: 44240

2. Employer ID Number (EIN): 34-1240178

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $64,680.00
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?  
   (For further information, see 24 CFR Sec. 4.3).  
   - Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

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

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

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

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Nelson Burns, President & CEO

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

Date Signed: 08/29/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Coleman Professional Services

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

| a. | Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. |
| b. | Establishing an on-going drug-free awareness program to inform employees: (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. |
| c. | Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; |
| d. | Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will: (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; |
| e. | Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| f. | Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted: (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; |
| g. | Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |

2. Sites for Work Performance.

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

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

New Project Application FY2019 Page 12 08/29/2019
documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.
First Name: Nelson
Middle Name W.
Last Name: Burns
Suffix:
Title: President & CEO
Telephone Number: (330) 676-6801
(Format: 123-456-7890)
Fax Number: (330) 678-3677
(Format: 123-456-7890)
Email: nelson.burns@colemanservices.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant’s Organization: Coleman Professional Services

Name / Title of Authorized Official: Nelson Burns, President & CEO

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

Date Signed: 08/29/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Coleman Professional Services
Street 1: 5982 Rhodes Road
Street 2:
City: Kent
County: Portage
State: Ohio
Country: United States
Zip / Postal Code: 44240

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Mr.
First Name: Nelson
Middle Name: W.
Last Name: Burns
Suffix: 
Title: President & CEO

Telephone Number: (330) 676-6801
(Format: 123-456-7890)

Fax Number: (330) 678-3677
(Format: 123-456-7890)

Email: nelson.burns@colemanservices.org

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

Date Signed: 08/29/2019
2A. Project Subrecipients

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

<table>
<thead>
<tr>
<th>Total Expected Sub-Awards:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
</tr>
<tr>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any) in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Coleman has been a HUD grantee for 28 years. In Jefferson County, Coleman receives a HUD S+C and a HUD Safe Haven grants. Coleman coordinates 4 S+C grants and 1 PSH in Trumbull County and makes referrals to the S+C grant in Allen County. Coleman receives a HUD PSH grant in Portage County. In Stark County, Coleman subcontracts with the YWCA and SMHA to provide supportive services to Gateway I & II as well as YWCA's STARR I & II Program and I-CAN at Basic. These are all HUD-funded programs. Coleman also has a Returning Home Ohio grant. Coleman has been receiving funds from Ohio Development Services Administration for many years, covering projects in 3 counties, and has also accessed HOME, CDBG and Tax Credit projects. Coleman employs a dedicated Grants Accountant for compliance.

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

Coleman receives HUD funds through the intermediary Ohio Development Services Agency, including Supportive Housing Program funds for 63 units in Portage and Trumbull Counties, and Homeless Crisis Response Program (HCRP) funds providing Rapid Rehousing services to 92 individuals in Portage County annually. Coleman is the lead agency for Region 5 and administrates the HCRP application and funding for 5 counties. Coleman has also successfully partnered with Stark County Mental Health & Addiction Recovery, Portage Metropolitan Housing Agency, Ohio Department of Development, Mental Health and Recovery Board of Trumbull County, and Ohio Department of Mental Health and Recovery Services to develop housing and supportive services projects.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

that we own and operate in 4 counties: Allen, Portage, Stark and Trumbull. We provide a diversity of settings, from group homes with intensive 24 hour support to clustered and scattered site independent apartments that offer supportive services as needed/desired. Headquartered in Kent, OH, President and CEO Nelson Burns has served Coleman in this role for 30 years and overseen significant growth while maintaining a healthy bottom line. Vice Presidents oversee Finance, Human Resources, Information Technology and Operations, and Clinical Services. Directors, located onsite, oversee County operations and Programs. Coleman has centralized Operations and Residential Directors that
identify priorities, travel extensively, and direct staff in each of our County locations. We are active members of the local Continuum of Care and interact with a variety of partners outlined in section 3B below.

The financial accounting system currently being used is a software program that allows for and produces financial reporting, payments, statements, and invoicing. This software has modules for the General Ledger, Accounts Payable and Accounts Receivable. All financial functions are centralized at the headquarters in Kent, OH under the oversight of the Finance Vice President.

Coleman uses Lean Six Sigma quality processes across the organization. As a combined model, Lean and Six Sigma are used extensively across the globe as an evidence-based approach to change projects requiring cross-functional teams and stringent use of deployment plans. Lean focuses on the elimination of wasteful activities, including wait times and other delays. The use of data for decision-making is stressed by Six Sigma. Six Sigma suggests a model of Define, Measure, Analyze, Improve and Control to change processes – which relies on process mapping, removing unnecessary steps, standardizing procedures and maintaining gains from functioning processes. Both components require commitment to identified goals which is driven through team leadership that can eliminate barriers encountered by the team.

Coleman uses High Performance Teams to develop and manage continuous improvement projects, which typically follow the Lean Six Sigma model. In recent years, the organization has used at least 4 such teams to develop and implement recommendations about the diagnostic assessment and prescreen process, as well as housing, billing processes and implementing Zero Suicide processes.

Coleman employs a dedicated Grants Accountant for compliance. A VP of Clinical Services oversees residential services and housing.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?

Yes

4b. Describe the unresolved monitoring or audit findings.

Coleman Professional Services has worked to resolve six findings and one concern with HUD regarding our FY 2016 Continuum of Care grant for Portage County, Coleman PSH, Grant number OH0178L5E071508. Coleman paid $36,281 to the Treasury on 9/21/2018. We are actively working to finalize the process with Jorgelle Lawson and Anthony Forte and anticipate it will occur soon.
3A. Project Detail

1a. CoC Number and Name: OH-508 - Canton, Massillon, Alliance/Stark County CoC

1b. CoC Collaborative Applicant Name: Canton/Massillon/Alliance/Stark County CoC

2. Project Name: Coleman Massillon PSH

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? PSH

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

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

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds? X
3B. Project Description

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

Since Feb. 2018, this 10-unit PSH project, known as Changing Destinies TAY Apartments, located at 2135 Harsh Avenue in Massillon, OH, has provided education, socialization, recreation, daily living skill training, employment and mental health/recovery services for 10 formerly homeless transitional young adults, or approximately 12 annually, each in their own 1-bedroom apartment. Changing Destinies is currently staffed 24/7 to provide supportive services to the residents, while a live-in Peer Support position is vacant. Coleman’s Transitions to Independence Process Team also provides wrap-around services to residents including Case Management, Counseling, Psychiatry and Supported Employment. Residents are encouraged to participate in on-site meetings and voluntary activities. The site is on the busline, services are optional and residents are protected by a lease. Using a Housing First approach, Coleman will provide participants with the tools, support, and resources needed to maintain permanent housing as a part of the Changing Destinies program for as long as they wish to participate. In addition, if and when it is appropriate, we will work with the participant on individual goals related to income through employment, SSI/SSDI income, or a permanent rental subsidy such as Section 8. All residential staff and case managers have been trained in Motivational Interviewing and Trauma Informed Care.

The Changing Destinies permanent supportive housing program will utilize the Centralized Intake and Assessment System approved by the Homeless Continuum of Care Stark County (HCCSC) to place participants in the program. We anticipate serving 10 to 12 individuals annually. Participant outcomes: 91% will remain in or exit to permanent housing as of the end of the operating year and 82% will maintain/increase their total income as of the end of the operating year or project exit.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, complete only column A. If multiple structures, complete one column for each structure.

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

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Project Application FY2019</td>
<td>Page 22</td>
<td></td>
<td></td>
<td>08/29/2019</td>
</tr>
</tbody>
</table>
New project staff hired, or other project expenses begin? 1
Participant enrollment in project begins? 0
Participants begin to occupy leased units or structure(s), and supportive services begin? 0
Leased or rental assistance units or structure, and supportive services near 100% capacity? 0
Closing on purchase of land, structure(s), or execution of structure lease? 0
Rehabilitation started? 0
Rehabilitation completed? 0
New construction started? 0
New construction completed? 0

3. Will your project participate in a CoC Coordinated Entry Process? Yes

* 4. Please identify the project's specific population focus.
(Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
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<tbody>
<tr>
<td>X</td>
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<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
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</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
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</table>

<table>
<thead>
<tr>
<th>Families</th>
<th>HIV/AIDS</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>(Click 'Save' to update)</td>
</tr>
</tbody>
</table>

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

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

   Having too little or little income X
   Active or history of substance use X
   Having a criminal record with exceptions for state-mandated restrictions
   History of victimization (e.g. domestic violence, sexual assault, childhood abuse) X
c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

d. Will the project follow a "Housing First" approach?  
Yes

(Click ‘Save’ to update)

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

The applicant works with Coleman Rental Properties to operate and maintain the property. Coleman's Residential Services team, headed by the Stark County Director of Residential Services, provide onsite supportive services and residential staff support to ensure the residents maintain their apartments and the common areas are safe and clean.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?  
Yes

Explain how and why the project will implement this requirement.

Residents have to live in the Changing Destinies TAY Apartments in order to participate in the program. There are 2 fully accessible units available, but otherwise the units are identical. If more than one unit is open, prospective tenants can choose which unit to occupy.

8. Will more than 16 persons live in one structure?  
No

Dedicated and 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.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above.

DedicatedPLUS
3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?  

   No
4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

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

With 26 years of experience providing housing & voluntary services to individuals experiencing homelessness, Coleman recognizes the importance of being person-centered and trauma-informed in our approach with residents. Our project will be staffed by a live-in, peer supporter mental health tech who provides support & collaborates with treatment providers to encourage adherence, ongoing assessment and goal attainment. Individuals will complete a Diagnostic Assessment including a specific TAY housing assessment to help identify any specific TAY-related supportive housing needs. Staff will provide check-ins daily, paying special attention to attend to tenants who have identified stressors.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

In FY 2019 Coleman increased job placements to 599 individuals, 150 in Stark County. TAY housing staff will encourage residents to move toward income independence and gainful employment using Motivational Interviewing techniques and will assist individuals in identifying career goals and interests. Individuals who prefer career training instead of a rapid job search will be referred to BVR. Coleman utilizes the evidence-based Supported Employment (SE) model & follows core concepts including: zero exclusion, rapid job search, ongoing benefits consultation, integrated employment & treatment services, competitive jobs, consumer choice, and ongoing retention services as needed, up to 180 days. Case managers will ensure residents are connected to health
care, dental, social services, benefits, and food.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.  
   
   Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  
   Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?  
   Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?  
   Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.  
   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: 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

Applicant: Coleman Professional Services
Project: Coleman Massillon PSH
4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 10
   b. Beds: 10

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless?
   0
   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: 2135 Harsh Avenue
   Street 2: 
   City: Massillon
   State: Ohio
   ZIP Code: 44646

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)
   393114 Massillon
## 5A. Project Participants - Households

### Households Table

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Households</td>
<td>12</td>
<td>12</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>12</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>12</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project Participants - Subpopulations

#### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Persons ages 18-24</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Children under age 18</td>
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<td>0</td>
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<td>0</td>
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<td>Total Persons</td>
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</tr>
</tbody>
</table>

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Persons ages 18-24</td>
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<td>5</td>
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<td>10</td>
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<td>2</td>
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<tr>
<td>Total Persons</td>
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<td>10</td>
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Click Save to automatically calculate totals

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children</td>
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<tr>
<td>under age 18</td>
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<tr>
<td>Unaccompanied Children</td>
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<td>under age 18</td>
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</tr>
</tbody>
</table>
6A. Funding Request

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

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? 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 being requested:

   - Acquisition/Rehabilitation/New Construction
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services
   - Operating
   - HMIS

6. If awarded, will this project require an initial grant term greater than 12 months? No
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.

<table>
<thead>
<tr>
<th>Total Request for Grant Term:</th>
<th>$64,680</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Units:</td>
<td>10</td>
</tr>
<tr>
<td>Type of Rental Assistance</td>
<td>FMR Area</td>
</tr>
<tr>
<td>PRA</td>
<td>OH - Canton-Massillon, OH MSA (390199...)</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$355</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$473</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>10</td>
<td>$539</td>
<td>x 12</td>
<td>= $64,680</td>
</tr>
</tbody>
</table>

Type of Rental Assistance: PRA

Metropolitan or non-metropolitan fair market rent area: OH - Canton-Massillon, OH MSA (39019999999)

New Project Application FY2019 Page 35 08/29/2019
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$717</td>
<td>x 12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$916</td>
<td>x 12</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$977</td>
<td>x 12</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,124</td>
<td>x 12</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,270</td>
<td>x 12</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,417</td>
<td>x 12</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$1,563</td>
<td>x 12</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$1,710</td>
<td>x 12</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested**: 10

**Grant Term**: 1 Year

**Total Request for Grant Term**: $64,680

Click the 'Save' button to automatically calculate totals.
6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $16,170 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $16,170 |

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?
   - Yes

   1a. Briefly describe the source of the program income:
   (limit 1000 characters)
   Medicaid or other private billing for supportive services, including psychiatry, counseling, case management and employment services.

   1b. Estimate the amount of program income that will be used as Match for this project:
   - $16,170

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Coleman Professional...</td>
<td>05/30/2019</td>
<td>$16,170</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards match? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: Coleman Professional Services
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 05/30/2019
6. Value of Written Commitment: $16,170
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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$64,680</td>
<td>1 Year</td>
<td>$64,680</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td>$64,680</td>
<td></td>
<td>$64,680</td>
</tr>
</tbody>
</table>

| 8. Admin (Up to 10%)        | $64,680                                 |                        | $64,680                                               |

| 9. Total Assistance Plus Admin Requested | $64,680 |
| 10. Cash Match                | $16,170 |
| 11. In-Kind Match             | $0       |
| 12. Total Match               | $16,170 |
| 13. Total Budget              | $80,850  |

Click the 'Save' button to automatically calculate totals.
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>501c3</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

**Document Description:** 501c3

Attachment Details

**Document Description:**

Attachment Details

**Document Description:**
7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official:** Nelson Burns  
**Date:** 08/29/2019  
**Title:** President & CEO  
**Applicant Organization:** Coleman Professional Services

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent
statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
8B. Submission Summary

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

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
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</tr>
<tr>
<td>1C. SF-424 Application Details</td>
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</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6E. Rental Assistance</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6I. Match</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>7D. Certification</td>
<td>08/29/2019</td>
</tr>
</tbody>
</table>
Dear Sir or Madam:

This is in response to your letter dated June 9, 1997, requesting a name change to your organization. We have updated our records to reflect this change.

Our records indicate that a determination letter issued in August 1978, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization’s operations would continue as stated in the application. If your organization’s sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization’s annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.
Coleman Professional Services, Inc.
34-1240178

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

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

Because this letter could help resolve any questions about your organization’s exempt status and foundation status, you should keep it with the organization’s permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your organization’s exempt status.

Sincerely,

C. Ashley Bullard
District Director