

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 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2018 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: 09/05/2018

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: Respond Inc

b. Employer/Taxpayer Identification Number (EIN/TIN): 51-0163763

	c. Organizational DUNS:	121625057	PLUS 4:	
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d. Address

Street 1: PO Box 555

Street 2:

City: Somerville

County: Middlesex

State: Massachusetts

Country: United States

Zip / Postal Code: 02143

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Darcie

Middle Name:

Last Name: DeLuca

Suffix:

Title: Chief Financial Officer

Organizational Affiliation: Respond Inc

Telephone Number: (617) 625-5996

Extension:
Fax Number: (617) 623-4377
Email: darcie@respondinc.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-6200-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Safe Homes Domestic Violence Program

16. Congressional District(s):

a. Applicant: MA-007
b. Project: MA-007
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 12/01/2018
b. End Date: 11/30/2019

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:

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: Jessica

Middle Name:

Last Name: Brayden

Suffix:

Title: Chief Executive Officer

Telephone Number: (617) 625-5996
(Format: 123-456-7890)

Fax Number: (617) 623-4377
(Format: 123-456-7890)

Email: jessica@respondinc.org

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

Date Signed: 09/05/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Respond Inc

Prefix: Ms.

First Name: Jessica

Middle Name:

Last Name: Brayden

Suffix:

Title: Chief Executive Officer

Organizational Affiliation: Respond Inc

Telephone Number: (617) 625-5996

Extension:

Email: jessica@respondinc.org

City: Somerville

County: Middlesex

State: Massachusetts

Country: United States

Zip/Postal Code: 02143

2. Employer ID Number (EIN): 51-0163763

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$181,504.00

(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 this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Jessica Brayden, Chief Executive Officer

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

Date Signed: 08/08/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

2. Sites for Work Performance.

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

I hereby certify that all the information stated herein, as well as any information provided in

X

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)

Authorized Representative

Prefix: Ms.

First Name: Jessica

Middle Name

Last Name: Brayden

Suffix:

Title: Chief Executive Officer

Telephone Number: (617) 625-5996
(Format: 123-456-7890)

Fax Number: (617) 623-4377
(Format: 123-456-7890)

Email: jessica@respondinc.org

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

Date Signed: 09/05/2018

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: Respond Inc

Name / Title of Authorized Official: Jessica Brayden, Chief Executive Officer

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

Date Signed: 09/05/2018

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: Respond Inc
Street 1: PO Box 555
Street 2:
City: Somerville
County: Middlesex
State: Massachusetts
Country: United States
Zip / Postal Code: 02143

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: Jessica

Middle Name:

Last Name: Brayden

Suffix:

Title: Chief Executive Officer

Telephone Number: (617) 625-5996
(Format: 123-456-7890)

Fax Number: (617) 623-4377
(Format: 123-456-7890)

Email: jessica@respondinc.org

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

Date Signed: 09/05/2018

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:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

RESPOND, Inc. is New England's first domestic violence agency. Established in 1974, our mission is to partner with individuals, families, and communities to end the serious public health issue of domestic violence. RESPOND was founded by several women in Somerville, all survivors of domestic violence, who were acutely aware of the need for housing and supportive services for survivors. These women led the social movement to legitimize domestic violence as a public health issue and developed the domestic violence service model that many agencies emulate today. Our housing services have evolved from offering safe shelter in the founders' homes to establishing an 8-bedroom emergency shelter, to launching a fully realized housing program in 2015. This grant would be used to provide a new level of rental assistance and supportive services to survivors of domestic violence across the entire CoC geographic area (Somerville and Arlington). To date, RESPOND has served over 100,000 survivors and each year we serve an additional 3,000. In 2018, RESPOND will continue to be the sole provider of homelessness services designed to specifically meet the safety and housing needs of survivors of domestic violence in Somerville.

As a grassroots organization, RESPOND's programs and services have evolved with the needs of survivors at the forefront. RESPOND engages each survivor in a unique pathway to housing and self-sufficiency throughout intake, participation in programs and services, and follow up. Through regular case management meetings and a standardized exit survey, RESPOND uses survivor input to facilitate improvement. RESPOND can cite several prominent examples of strategic program development to meet survivors' expressed needs over the last decade, including: 1) The award of \$42,000 through VAWA and \$95,000 through VOCA in 2017-2018 to expand our partnership with local Police Departments. Two staff are now available 5.0 days per week to provide direct support to survivors in the community. 2) The award of \$25,000 from The Boston Foundation in 2017 to launch a dedicated Children's Program led by a Children Services Specialist. 3) A \$2.5 million capital campaign in 2008, and subsequent smaller foundation grants, to renovate and upgrade a higher capacity emergency shelter. 4) The award of a 10-year Sustaining Grant from The Cummings Foundation in 2018 to sustain our Housing Program led by a full-time Housing Services Specialist. This program has demonstrated success. Last year, of 49 families who participated, 40 families (81%) obtained permanent housing (6 left for shelter and 3 for transitional housing). This grant will serve as our match for a CoC award.

RESPOND has a diverse fundraising platform to sustain its housing and supportive services including government grants, foundation and corporate grants, individual donations, and fundraising events. RESPOND has been a

grantee of DPH, VAWA, VOCA, ESG, and CDBG funds over the last year. For both VOCA and ESG, RESPOND successfully raised matching dollars from private funding sources, individual and in-kind donations. RESPOND has secured a \$50,000 matching grant for the proposed CoC project. RESPOND has delivered an ESG-funded RRH program to survivors in Somerville since 2012. We will leverage our experience managing ESG funds and providing related RRH services to deliver on the proposed CoC RRH project.

As an established organization, RESPOND has the necessary operations and financial systems in place to manage grant awards and deliver on project objectives. RESPOND's Chief Financial Officer, who holds an MBA, leads the accounting department and is responsible for regular financial reporting on grant awards. RESPOND takes part in an annual 3rd party financial audit to ensure that our financials and financial practices are in accordance with accounting principles generally accepted in the US. The CFO also oversees IT operations to ensure security of digital records including client records. A team of 25 staff members, including a dedicated Housing Services Specialist, ensure the capacity is available to complete project milestones on time. This work will be overseen by a Chief Executive Officer with over 20 years of nonprofit experience who also holds an MBA.

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

RESPOND has an established fundraising strategy, executed by a development team consisting of a Chief Development Officer, Director of Development, Development Associate, and Grant Writing Consultant. Funding sources include federal, state, and local government grants (57%), foundation and corporate grants (15%), individual donations (20%), and in-kind support (8%). Each year, RESPOND is able to raise its projected organizational and project budgets to meet its goals and objectives. Our Housing Program grew by leveraging private foundation grants. It was first launched in 2014 with the award of a \$26,000 grant from The Philanthropy Connection. We leveraged this award to receive a 2-year \$100,000 grant from The Cummings Foundation in 2015. We then leveraged our award to receive a 10-year Sustaining Grant from The Cummings Foundation for \$50,000 per year. In 2012-2013, RESPOND first received \$5,000 in its ESG contract from the City of Somerville to be used for staff time to support RRH. This continued through 2018. In 2018, RESPOND received ESG funding specifically for RRH through September 2019.

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.

Board of Directors: RESPOND's 7-member Board of Directors provides financial and programmatic oversight. The Board of Directors is composed of community members. Its purpose is to: 1. financially sustain RESPOND and its programs and services, and 2. connect with resources and community partners to advance our mission. The Board brings a range of professional expertise, including finance, law, administrative policy, and domestic violence. Board officers include a President, Vice President, Treasurer, and Clerk. Committees, each of which have a Chair and establish annual working goals, include:

Executive, Finance, Governance, and Development. The Board convenes bi-monthly; committees meet monthly. Board members are actively involved in fundraising activities.

Staff: Jessica Brayden, CEO leads a team of 25 staff. The Development Department includes a Chief Development Officer overseeing a Director of Development, Development Associate, and Grant Writing Consultant. The Finance Department includes a Chief Financial Officer overseeing an Accounting Clerk and IT Technicians. The team uses an established financial accounting system that will be used to administer this grant. They oversee Accounts Payable, Accounts Receivable, Payroll, budgeting and financial planning projections. We use Quickbooks to manage our financials. There are established controls to protect the agency, its clients, and funders from fraud, theft, and mismanagement including inscription, multiple password protections, dual signatures, and read-only access. The CFO works closely with the CEO to optimize our financial performance. The Program Department includes a Chief Programs Officer overseeing four teams: 1) Emergency Shelter: Coordinator, Certified DV Counselors, Housing Services Specialist, and Children Services Specialist; 2) High Risk: Coordinator and Civilian Partnership Specialist; 3) Community: Coordinator, Certified DV Counselors, and Certified DV Interns; and 4) Trauma Specialist.

Volunteers: RESPOND recruits 250 volunteers annually from universities and the community. Volunteers answer hotline calls, lead parent/child programs in the shelter and Community Service Center, and assist with individual advocacy and support groups. Volunteers also assist with fundraising, administration, and outreach for our annual fundraising events.

Partners: RESPOND maintains an extensive network of partners throughout Greater Boston to meet the complex legal, economic, housing, physical and mental health needs of survivors. RESPOND provides warm referrals to appropriate partnering agencies in order to ensure a coordinated, continuum of services. RESPOND has existing relationships with numerous homeless service agencies, landlords, and housing providers to ensure survivors' unique housing needs are met.

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: MA-517 - Somerville CoC

1b. CoC Collaborative Applicant Name: City of Somerville

2. Project Name: Safe Homes Domestic Violence Program

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 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

RESPOND proposes a New Domestic Violence (DV) Bonus Project focused on Permanent Housing- Rapid Re-Housing (PH-RRH). Currently, RESPOND is able to provide 3 months of RRH rental assistance using ESG. RESPOND would use this grant to provide flexible short- and medium-term rental assistance and start-up costs up to 24 months for households in need. As a result, more DV homeless households may be rapidly rehoused. This project will serve 20 households, both families and unaccompanied adults. The rental assistance budget is calculated at 5 units at FMR, but RRH assistance will be flexible with more households estimated to be served. Participants served will be any survivor of domestic violence, dating violence, sexual assault, and/or stalking who meets the HUD homeless definition including sheltered and unsheltered survivors, and survivors fleeing or attempting to flee. Survivors may come from RESPOND's emergency shelter. All eligible people will be screened and assessed through the CoC's coordinated entry system. RESPOND will hire a 1.0 FTE Case Manager within 30 days. They will provide supportive services as part of a strategy to obtain and sustain permanent housing:

1. Housing Search: The Case Manager helps survivors find housing and submit housing applications on a weekly basis. RESPOND will assist with moving costs, security deposits and last month's rent as needed.
2. Self-Sufficiency Programs: Self-sufficiency programs reduce trauma and develop the skills necessary to achieve housing and safety goals. The Case Manager will meet with survivors bi-weekly. The Case Manager will provide referrals to community partners who provide: child care, education services, employment assistance, food, legal services, mental health services, outpatient health services, and substance abuse treatment services as needed. The Case Manager will provide: life skills training, transportation, safety planning, individual and group counseling, children's program, early childhood education, and job search help. The Case Manager helps each family identify and overcome barriers to housing stability such as poor credit history.
3. Referrals to Mainstream Programs: The Case Manager assists survivors in accessing and obtaining appropriate mainstream benefits including SNAP, housing vouchers, Medicare and Medicaid, and SSI.
4. Housing Stability Support: The Case Manager will advocate for survivors to locate and secure housing. RESPOND will provide up to 6 months of supportive services to clients after rental assistance ends. When necessary, RESPOND will leverage other funding to deliver long-term supportive services. RESPOND will re-evaluate participants receiving HUD-funded rental assistance and/or supportive services annually. Anticipated outcomes: 1. 80% of RRH participants will exit to permanent housing, 2. 85% of clients will remain housed at the end of the project period, and 3. clients report feeling safer than prior to their move.

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

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structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	245			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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)

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

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

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

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 structure? No

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? 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.

X

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

RESPOND engages survivors to explore all housing options including Section 8, low income, housing authority, and market rate housing in a community that is safe for the survivor and accessible to their support system. RESPOND has partnerships with landlords throughout Greater Boston to ensure each housing application is complete and prioritized. RESPOND conducts this process through a lens of safety, considering floor of the unit, distance from the abuser, and resources available (e.g. schools, mental health services). RESPOND assists with relocation from the unsafe or homeless situation to the new home. Survivors have access to our catalog of DV services including 24-hour crisis hotline, safety planning and counseling. We have minimum monthly meetings with clients to help maintain housing. Case management explores trauma and its effect on social, emotional, and physical wellbeing. Services are also victim-centered and engage survivors about strengths and obstacles to maintain housing.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

As part of supportive services, RESPOND will help survivors outline and achieve their employment and income goals. Short-term goals may include accessing temporary benefits through DTA and accessing education/job training, while long-term goals may include obtaining a well-paying skilled job. RESPOND will assist participants with a job search. Staff will work with survivors to update and improve their resume and then apply for jobs they are

qualified for. Survivors face unique barriers in obtaining employment. They often have a gap in employment due to the coercive actions of their abuser. Staff help survivors minimize the negative image of this employment gap on their resume, coach them to discuss this gap during interviews, and/or assist them in gaining a less skilled job to revive their resume while they search for more skilled jobs. Survivors may also have a criminal record that hinders their employment opportunities. RESPOND partners with the Middlesex District Attorney's Office and local police departments to learn what requirements are in place for employment, work to clear their criminal history, and prepare survivors to undergo a CORI. RESPOND will provide survivors with warm referrals to community partners for services such as job training and education. While survivors seek work, RESPOND will leverage its experience in working with the Dept. of Transitional Assistance (DTA) to help survivors apply for and receive SNAP and Cash Benefits. Similarly we will leverage our experience in helping survivors obtain SSI and SSDI, or other temporary benefits through DTA in the interim. Furthermore, RESPOND will ensure that the systems are in place for a survivor to maintain their employment. This includes ensuring that transportation is available to a survivor to commute to their job, and they have access to uniforms and prerequisite job training. As a survivor achieves their goals they develop a sense of mastery and confidence in their ability to effect change in their life and their children's lives.

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

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

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

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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: 5

Total Beds: 10

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	5	10

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: 5

b. Beds: 10

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: PO Box 555

Street 2:

City: Somerville

State: Massachusetts

ZIP Code: 02143

***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)**

252250 Somerville

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	3	2		5
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	3	2		5
Adults ages 18-24				0
Accompanied Children under age 18	5			5
Unaccompanied Children under age 18				0
Total Persons	8	2	0	10

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							3			
Adults ages 18-24										
Children under age 18							5			
Total Persons	0	0	0	0	0	0	8	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							2			
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	2	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

5%	Directly from the street or other locations not meant for human habitation.
80%	Directly from emergency shelters.
0%	Directly from safe havens.
15%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

RESPOND will participate in the Somerville CoC's coordinated entry process, which will provide outreach to homeless survivors of domestic violence, dating violence, sexual assault and/or stalking and access to our PH-RRH program. RESPOND will coordinate closely with the Somerville Homeless Coalition, the agency that maintains CoC's Coordinated Entry process. The CoC will provide outreach and identify potentially eligible survivors based on the CoC's Coordinated Entry Assessment Tool, who will then be referred for PH-RRH screening. RESPOND also maintains community outreach, with a Coordinator of Community Based Services overseeing outreach to survivors in the community who may need access to our PH-RRH program. RESPOND reaches approximately 12,000 individuals in the community annually. RESPOND also maintains partnerships with agencies throughout Greater Boston who provide referrals for survivors in need of our specific homelessness services.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 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	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$104,004
Total Units:			5
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MA - Boston-Cambridge-Quincy, MA-NH H...	5	\$104,004

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: MA - Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area (2500901260)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$896	x	12	=	\$0
0 Bedroom		x	\$1,194	x	12	=	\$0
1 Bedroom	2	x	\$1,372	x	12	=	\$32,928

2 Bedrooms	1	x	\$1,691	x	12	=	\$20,292
3 Bedrooms	2	x	\$2,116	x	12	=	\$50,784
4 Bedrooms		x	\$2,331	x	12	=	\$0
5 Bedrooms		x	\$2,681	x	12	=	\$0
6 Bedrooms		x	\$3,030	x	12	=	\$0
7 Bedrooms		x	\$3,380	x	12	=	\$0
8 Bedrooms		x	\$3,730	x	12	=	\$0
9 Bedrooms		x	\$4,079	x	12	=	\$0
Total Units and Annual Assistance Requested	5						\$104,004
Grant Term							1 Year
Total Request for Grant Term							\$104,004

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an 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 providing supportive services to homeless participants.

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.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	Moving costs as needed	\$5,000
3. Case Management	1.0 FTE Case Manager	\$56,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$61,000
Grant Term		1 Year
Total Request for Grant Term		\$61,000

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

Total Value of Cash Commitments:	\$50,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$50,000

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	The Cummings Foun...	07/17/2018	\$50,000

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:** The Cummings Foundation Sustaining Grant
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 07/17/2018
- 6. Value of Written Commitment:** \$50,000

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$104,004	1 Year	\$104,004
4. Supportive Services	\$61,000	1 Year	\$61,000
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$165,004
8. Admin (Up to 10%)			\$16,500
9. Total Assistance Plus Admin Requested			\$181,504
10. Cash Match			\$50,000
11. In-Kind Match			\$0
12. Total Match			\$50,000
13. Total Budget			\$231,504

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Jessica Brayden
Date: 09/05/2018
Title: Chief Executive Officer
Applicant Organization: Respond 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

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
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1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/10/2018
1E. SF-424 Compliance	08/10/2018
1F. SF-424 Declaration	08/10/2018
1G. HUD 2880	08/10/2018
1H. HUD 50070	08/10/2018
1I. Cert. Lobbying	08/10/2018
1J. SF-LLL	08/10/2018
2A. Subrecipients	No Input Required
2B. Experience	08/21/2018
3A. Project Detail	08/10/2018
3B. Description	08/21/2018
3C. Expansion	08/13/2018
4A. Services	08/21/2018
4B. Housing Type	08/15/2018
5A. Households	08/15/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/21/2018
6A. Funding Request	08/10/2018
6E. Rental Assistance	08/15/2018
6F. Supp Srvcs Budget	08/13/2018
6I. Match	08/15/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/13/2018