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: 08/21/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: GA0329
      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: Action Ministries, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-2070427
   c. Organizational DUNS: 198895125
   d. Address
      Street 1: 1700 Century Circle NE
      Street 2: Suite 200
      City: Atlanta
      County: DeKalb
      State: Georgia
      Country: United States
      Zip / Postal Code: 30345
   e. Organizational Unit (optional)
      Department Name: Housing
      Division Name: Housing
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Samantha
      Middle Name: 
      Last Name: Bolling
      Suffix: Jr.
      Title: Vice President
      Organizational Affiliation: Action Ministries, Inc.
      Telephone Number: (404) 881-1991
Extension:
Fax Number:  (404) 881-1902
Email: srolling@actionministries.net
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):
   Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:
    Atlanta Rapid Re-housing

16. Congressional District(s):
   (for multiple selections hold CTRL key)
   b. Project: GA-005, GA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 04/01/2020
   b. End Date: 03/31/2021

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: Steven
Middle Name: Kelley
Last Name: Henderson
Suffix: 
Title: CEO/President

Telephone Number: (404) 881-1991
(Format: 123-456-7890)
Fax Number: (404) 881-1902
(Format: 123-456-7890)
Email: khenderson@actionministries.net

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/21/2019
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: Action Ministries, Inc.
   Prefix: Mr.
   First Name: Steven
   Middle Name: Kelley
   Last Name: Henderson
   Suffix: 
   Title: CEO/President

Organizational Affiliation: Action Ministries, Inc.

Telephone Number: (404) 881-1991

Extension:

   Email: khenderson@actionministries.net
   City: Atlanta
   County: DeKalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30345

2. Employer ID Number (EIN): 58-2070427

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $80,976.00

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

Atlanta Rapid Re-housing 1700 Century Circle NE Atlanta Georgia

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>Gwinnett County Community Development</td>
<td>Grant</td>
<td>$234,539.00</td>
<td>Rapid Re-Housing, Prevention, HOME</td>
</tr>
<tr>
<td>GA Dept. of Community Affairs</td>
<td>Grant</td>
<td>200000.0</td>
<td>Rapid Re-Housing</td>
</tr>
<tr>
<td>City of Atlanta</td>
<td>Grant</td>
<td>$50,000.00</td>
<td>Rapid Re-Housing</td>
</tr>
<tr>
<td>City of Augusta</td>
<td>Grant</td>
<td>$40,000.00</td>
<td>Rapid Re-Housing</td>
</tr>
<tr>
<td>Dekalb County Community Development</td>
<td>Grant</td>
<td>$93,000.00</td>
<td>Prevention, Rapid Re-Housing</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:  

**Name / Title of Authorized Official:** Steven Henderson, CEO/President

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

**Date Signed:** 08/19/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Action Ministries, 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><strong>a.</strong></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: Mr.
First Name: Steven
Middle Name: Kelley
Last Name: Henderson

Suffix:
Title: CEO/President

Telephone Number: (404) 881-1991
(Format: 123-456-7890)

Fax Number: (404) 881-1902
(Format: 123-456-7890)

Email: khenderson@actionministries.net

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 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: Action Ministries, Inc.

Name / Title of Authorized Official: Steven Henderson, CEO/President

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

Date Signed: 08/21/2019
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: Action Ministries, Inc.
Street 1: 1700 Century Circle NE
Street 2: Suite 200
City: Atlanta
County: DeKalb
State: Georgia
Country: United States
Zip / Postal Code: 30345

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:  Steven

Middle Name:  Kelley

Last Name:  Henderson

Suffix:  

Title:  CEO/President

Telephone Number:  (404) 881-1991

Fax Number:  (404) 881-1902

Email:  khenderson@actionministries.net

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? Yes

   Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

   The Atlanta Rapid Re-Housing grant had a total of $428 or 1% of the grant award recaptured from the recently completed FY16 grant period.
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: GA0329
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Atlanta Rapid Re-housing

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.

Within the grant year of this project, AMI expects to Rapidly Re-house 22 individuals and families through its “client centered” service delivery model entitled “Facilitating Access to Intervention & Resources” (FAIR). FAIR grounded in a “Housing First” approach is designed to transition chronically homeless individuals and families back into stable housing quickly thus readying them for supportive services that will follow. FAIR also serves as a comprehensive pipeline, which ensures that clients are fully supported and connected to services, and resources that eliminate barriers to their success. AMI’s program is designed to meet the need of the chronically homeless and will supplement this project by making available a 5 unit Assessment Center (AC) with 3 beds each. Located in the City of Atlanta, the AC will provide immediate temporary housing for families while permanent housing is secured.

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>
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<td>✅</td>
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</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)

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>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
### 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>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>Applicant</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>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>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>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.  **No**
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:  6  
Total Beds:  11

<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>6</td>
<td>11</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: 6
   b. Beds: 11

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: 1700 Century Circle NE
   Street 2: Suite 200
   City: Atlanta
   State: Georgia
   ZIP Code: 30345

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)

   130174 Atlanta
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>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>3</td>
<td>2</td>
<td></td>
<td>5</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>5</td>
<td></td>
<td></td>
<td>5</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>8</td>
<td>3</td>
<td>0</td>
<td>11</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>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 represent by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</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>
</tr>
<tr>
<td>Children under age 18</td>
<td>2</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>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</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>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 represent by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</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>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total Persons</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</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 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 represent 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>
</tr>
</tbody>
</table>

Renewal Project Application FY2019

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08/21/2019
Describe the unlisted subpopulations referred to above:
  The unlisted sub-population are children to parents from listed sub-populations.
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:
   - Rental Assistance X
   - Supportive Services X
   - HMIS

Applicant: Action Ministries, Inc.
Project: Atlanta Rapid Re-housing

Renewal Project Application FY2019 Page 32 08/21/2019
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>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>6</td>
<td>$76,956</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $76,956
Total Units: 6
Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

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>0</td>
<td>$655</td>
<td>$655</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>0</td>
<td>$873</td>
<td>$873</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>3</td>
<td>$898</td>
<td>$898</td>
<td>12</td>
<td>$32,328</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>1</td>
<td>$1,031</td>
<td>$1,031</td>
<td>12</td>
<td>$12,372</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>2</td>
<td>$1,344</td>
<td>$1,344</td>
<td>12</td>
<td>$32,256</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>0</td>
<td>$1,651</td>
<td>$1,651</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>0</td>
<td>$1,899</td>
<td>$1,899</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>0</td>
<td>$2,146</td>
<td>$2,146</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>0</td>
<td>$2,394</td>
<td>$2,394</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>0</td>
<td>$2,642</td>
<td>$2,642</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>0</td>
<td>$2,889</td>
<td>$2,889</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>6</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$76,956</strong></td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$76,956</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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$7,000</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$54,000</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$61,000</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>Atlanta Center for ...</td>
<td>08/07/2018</td>
<td>$27,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Caring Works</td>
<td>08/07/2018</td>
<td>$15,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Open Doors</td>
<td>08/07/2018</td>
<td>$12,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>AMI Match Commitment</td>
<td>08/19/2019</td>
<td>$7,000</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: Atlanta Center for Self-Sufficiency
   (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: $27,000

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.

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: Caring Works
   (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: $15,000

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.
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: Open Doors
   (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: $12,000

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.

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: AMI Match Commitment
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/19/2019
6. Value of Written Commitment: $7,000
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>$76,956</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$4,020</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>$80,976</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$0</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$80,976</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$7,000</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$54,000</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$61,000</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$141,976</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>AMI Non-Profit Documentation</td>
<td>08/21/2017</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>AMI 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: AMI Non-Profit Documentation

Attachment Details

Document Description: AMI Match 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></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         Steven Henderson

       Date:       08/21/2019

       Title:       CEO/President

Applicant Organization: Action Ministries, 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>
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<tbody>
<tr>
<td>2A. Subrecipients</td>
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<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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</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
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<tbody>
<tr>
<td>4A. Services</td>
<td>X</td>
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<tr>
<td>4B. Housing Type</td>
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<tr>
<th>Part 5 - Participants and Outreach Information</th>
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<tbody>
<tr>
<td>5A. Households</td>
<td></td>
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<tr>
<td>5B. Subpopulations</td>
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</tbody>
</table>

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

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<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
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</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):

"Make Changes" requested to update Services and AMI match attachment.

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>08/19/2019</td>
</tr>
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<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>
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<td>----------------------------------------------------------------------</td>
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</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/21/2019</td>
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<td>1E. SF-424 Compliance</td>
<td>08/19/2019</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>1H. HUD-50070</td>
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<tr>
<td>1I. Cert. Lobbying</td>
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<tr>
<td>1J. SF-LLL</td>
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<tr>
<td>Recipient Performance</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/19/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/19/2019</td>
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<tr>
<td>3B. Description</td>
<td>08/19/2019</td>
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<tr>
<td>4A. Services</td>
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</tr>
<tr>
<td>4B. Housing Type</td>
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<tr>
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<td>No Input Required</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>08/19/2019</td>
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<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td>No Input Required</td>
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<tr>
<td>7B. Certification</td>
<td>08/19/2019</td>
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<tr>
<td>Submission Without Changes</td>
<td>08/19/2019</td>
</tr>
</tbody>
</table>
Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in March 1994 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 sections 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.

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.
Action Ministries, Inc.
58-2070427

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.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

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.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

C. Ashley Bullard
District 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 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: GA0368

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: Covenant House Georgia, Inc

b. Employer/Taxpayer Identification Number (EIN/TIN): 13-3523561

c. Organizational DUNS: 008676905

PLUS 4

d. Address

Street 1: 1559 Johnson Road, NW

City: Atlanta

County: Fulton

State: Georgia

Country: United States

Zip / Postal Code: 30318

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: Taylor

Middle Name:

Last Name: Brand

Suffix:

Title: Assistant Executive Director

Organizational Affiliation: Covenant House Georgia, Inc

Telephone Number: (404) 589-0163
Extension: 111
Fax Number: (404) 832-1282
Email: tbrand@covenanthouse.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)
   Georgia

15. Descriptive Title of Applicant’s Project:
   Covenant House Georgia Pathways to Independence

16. Congressional District(s):
   a. Applicant: GA-005
   (for multiple selections hold CTRL key)
   b. Project: GA-005
   (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: Dr.
First Name: Alieizoria
Middle Name:
Last Name: Redd
Suffix: Ph.D
Title: Executive Director
Telephone Number: (404) 589-0163
Fax Number: (404) 832-1282
Email: aredd@covenanthouse.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)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Covenant House Georgia, Inc
   Prefix: Dr.
   First Name: Alieizoria
   Middle Name: 
   Last Name: Redd
   Suffix: Ph.D
   Title: Executive Director

   Organizational Affiliation: Covenant House Georgia, Inc

   Telephone Number: (404) 589-0163
   Extension: 104
   Email: aredd@covenanthouse.org
   City: Atlanta
   County: Fulton
   State: Georgia
   Country: United States
   Zip/Postal Code: 30318

2. Employer ID Number (EIN): 13-3523561

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $148,017.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity: Covenant House Georgia Pathways to Independence 1559 Johnson Road, NW Atlanta, Georgia

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: Alieizoria Redd, 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: Covenant House Georgia, 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>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<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 --- (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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>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.;</th>
</tr>
</thead>
<tbody>
<tr>
<td>g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

| 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
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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: Dr.
First Name: Alieizoria
Middle Name
Last Name: Redd
Suffix: Ph.D
Title: Executive Director
Telephone Number: (404) 589-0163
(Format: 123-456-7890)
Fax Number: (404) 832-1282
(Format: 123-456-7890)
Email: aredd@covenanthouse.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/20/2019
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: Covenant House Georgia, Inc

Name / Title of Authorized Official: Alieizoria Redd, Executive Director

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

Date Signed: 08/20/2019
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: Covenant House Georgia, Inc
Street 1: 1559 Johnson Road. NW
Street 2:
City: Atlanta
County: Fulton
State: Georgia
Country: United States
Zip / Postal Code: 30318

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: Covenant House Georgia, Inc
Project: Covenant House Georgia Pathways to Independence

Renewal Project Application FY2019 Page 15 08/21/2019
Authorized Representative

Prefix: Dr.
First Name: Alieizoria
Middle Name:
Last Name: Redd
Suffix: Ph.D
Title: Executive Director

Telephone Number: (404) 589-0163
(Format: 123-456-7890)
Fax Number: (404) 832-1282
(Format: 123-456-7890)

Email: aredd@covenanthouse.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 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 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.
   
   This is a First-time renewal. Covenant House Georgia has received a conditional award and completed the technical submission. We are awaiting our grant contract, and as such, the initial grant term has not begun.

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? No

   Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.
   
   This is a First-time renewal. Covenant House Georgia has received a conditional award and completed the technical submission. We are awaiting our grant contract, and as such, the initial grant term has not begun.

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>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: GA0368
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Covenant House Georgia Pathways to Independence

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

In “Pathways to Independence”, CHGA proposes to implement a Rapid Rehousing -TBRA Project, adapted to unaccompanied young people, ages 18-24, experiencing homelessness. This intervention increases the number of youth-specific RRH units, an important component of ClearPath, the City of Atlanta’s strategic plan, with the goals of reducing the amount of time a young person is homeless and in turn, minimizing its negative effects. This project will provide ten (10) eligible youth with the resources necessary to transition from a life of instability to one of economic independence. Assistance will be youth driven and includes three core components: housing assistance/lease acquisition, time-limited financial assistance and case management with linkage to supportive services. These activities support the short term goals of youth’s improved well-being and stabilization in apartments, which in turn supports the intermediate goal of permanent housing stability (80% goal). Staffing: The Director of Compliance and Quality Improvement will review grant documents/regulations, develop internal policies/procedures (eligibility, assistance, termination of assistance), prepare required forms, and assist with implementation and reimbursement requests. The Director of Residential Services and Case Management will implement and supervise the project. Supported and guided by the Case Management Coordinator, the dedicated SOAR trained case manager is responsible for housing navigation/acquisition and development of individualized case plans. The case manager will assess the youth’s financial capacity and barriers to securing a lease. They will work collaboratively to set up a housing stability plan and identify properties that comply with FMR and rent reasonableness standards. Preferably, youth will choose units in close proximity to CHGA’s main location, West Midtown, to facilitate meetings and travel to CHGA supportive services. Case Management: Secure in housing, youth will meet with their case manager at least once per month. Specialized, developmentally-appropriate support is critical for youth to gain the requisite skills, education, and training necessary for independence. Youth often lack independent living skills such as budgeting, housekeeping, and time management which are vital to the maintenance of safe, healthy, and sustainable housing. Leases: Leases will be for a one-year term and in the participant’s name. CHGA will enter into letters of agreement with landlords/owners outlining terms of rental assistance. Rental assistance will be a declining subsidy model (% of the monthly rent) and is based upon the youth’s need for short-term (up to 3 months) or medium-term (4-24 months) rental assistance. Re-certification for assistance will be completed at least annually. Case management and supportive services will continue six months after rental assistance ends in order to monitor and support continued housing stability.

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Families with Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Click ‘Save’ to update)</td>
<td></td>
<td></td>
<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>
<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" **Yes**
approach?
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>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>Partner</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>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>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>Applicant</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>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 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

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: 10
Total 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>Scattered-site apartments (...)</td>
<td>---</td>
<td>10</td>
<td>10</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: 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: 1559 Johnson Road NW
   Street 2: 
   City: Atlanta
   State: Georgia
   ZIP Code: 30318

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   139121 Fulton 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></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td></td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>10</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>Chronic Homeless Veterans</th>
<th>Chronic Homeless Non-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></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>Chronic Homeless Veterans</th>
<th>Chronic Homeless Non-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>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Total Persons</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>6</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 Veterans</th>
<th>Chronic Homeless Non-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></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:

Out of the ten youth CHGA proposes to serve, our experience shows that only about 2 youth will actually meet the full definition of chronically homeless. Additionally, while our youth may suffer from substance abuse or mental illness, their condition is not usually chronic or disabling.
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>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>10</td>
<td>$107,760</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $107,760

Total Units: 10
### Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

Does the applicant request rental assistance funding for less than the area’s per unit size fair market rents?

<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>$655</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$873</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>10</td>
<td>$898</td>
<td>x</td>
<td>12</td>
<td>$107,760</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,031</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,344</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 10

**Grant Term:** 1 Year

**Total Request for Grant Term:** $107,760

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: | $37,004 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $37,004 |

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>CHGA General Oper...</td>
<td>08/19/2019</td>
<td>$11,603</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>CHGA General Oper...</td>
<td>08/19/2019</td>
<td>$11,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>CHGA General Oper...</td>
<td>08/20/2019</td>
<td>$7,300</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>CHGA General Oper...</td>
<td>08/19/2019</td>
<td>$3,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>CHGA General Oper...</td>
<td>08/19/2019</td>
<td>$1,100</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>CHGA General Oper...</td>
<td>08/19/2019</td>
<td>$1,500</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>CHGA General Oper...</td>
<td>08/19/2019</td>
<td>$1,501</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: CHGA General Operating Budget- Remaining salary and fringe benefits for Project Case Manager
5. Date of Written Commitment: 08/19/2019
6. Value of Written Commitment: $11,603

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: CHGA General Operating Funds-20% of yearly salary, $55,000 of Case Management Coordinator
5. Date of Written Commitment: 08/19/2019
6. Value of Written Commitment: $11,000

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: CHGA General Operating Funds-10% of yearly salary, $73,000, of Director of Residential Applicant:
Covenant House Georgia, Inc
Project:
Covenant House Georgia Pathways to Independence

Renewal Project Application FY2019 Page 35 08/21/2019
office or grant program as applicable) Services and Case Management

5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: $7,300

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: CHGA General Operating Funds-Public Transportation for project participants
5. Date of Written Commitment: 08/19/2019
6. Value of Written Commitment: $3,000

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: CHGA General Operating Funds-Moving Costs
5. Date of Written Commitment: 08/19/2019
6. Value of Written Commitment: $1,100

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: CHGA General Operating Funds-Rental Unit Security Deposits
5. Date of Written Commitment: 08/19/2019
6. Value of Written Commitment: $1,500

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: CHGA General Operating Funds-Utility Deposits
5. Date of Written Commitment: 08/19/2019
6. Value of Written Commitment: $1,501
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>$107,760</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$30,888</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>$138,648</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$9,369</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$148,017</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$37,004</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$37,004</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$185,021</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></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: Alieizoria Redd
Date: 08/20/2019
Title: Executive Director
Applicant Organization: Covenant House Georgia, 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></td>
</tr>
<tr>
<td>3B. Description</td>
<td>X</td>
</tr>
</tbody>
</table>

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

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

| Part 6 - Budget Information         |  |
|-------------------------------------|  |
| 6A. Funding Request                 | X |
| 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):

- Funding request and match amount and components will be updated;
- Under Part 4A, Question 6a-change to response to whether staff providing the technical assistance is SOAR trained within last 24 months;
- Under Part 3B-Question on sub-populations will be corrected to be consistent with technical submission.

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>08/15/2019</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>08/20/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/15/2019</td>
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<td>Recipient Performance</td>
<td>08/15/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/15/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/19/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/16/2019</td>
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<tr>
<td>4B. Housing Type</td>
<td>08/14/2019</td>
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<tr>
<td>5A. Households</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</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>
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: GA0330
   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:  CHRIS 180
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1430183

   c. Organizational DUNS:  166680363  PLUS 4

   d. Address
      Street 1:  1017 Fayetteville Road
      Street 2:  4045643402
      City:  Atlanta
      County:  Dekalb
      State:  Georgia
      Country:  United States
      Zip / Postal Code:  30316

   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:  Selima
      Middle Name: 
      Last Name:  Morrow
      Suffix: 
      Title:  Outreach & Community Housing Program Manager
      Organizational Affiliation:  CHRIS 180
      Telephone Number:  (404) 564-3450
Extension:
Fax Number:  (404) 835-9351
Email:  selima.morrow@chris180.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):
   Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:
    Changing Directions Through Collaboration

16. Congressional District(s):
   a. Applicant: GA-005
      (for multiple selections hold CTRL key)
   b. Project: GA-005
      (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:
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: X

21. Authorized Representative
Prefix: Ms.
First Name: Cindy
Middle Name: 
Last Name: Simpson
Suffix: 
Title: Chief Operating Officer
Telephone Number: (404) 564-3402
(Format: 123-456-7890)
Fax Number: (404) 835-9351
(Format: 123-456-7890)
Email: cindy.simpson@chris180.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: CHRIS 180
   Prefix: Ms.
   First Name: Cindy
   Middle Name: 
   Last Name: Simpson
   Suffix: 
   Title: Chief Operating Officer

   Organizational Affiliation: CHRIS 180

   Telephone Number: (404) 564-3402
   Extension: 
   Email: cindy.simpson@chris180.org
   City: Atlanta
   County: Dekalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30316

2. Employer ID Number (EIN): 58-1430183
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $355,644.00

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

Changing Directions Through Collaboration 1017 Fayetteville Road Atlanta Georgia

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>Housing and Urban Development Agency</td>
<td>CoC HUD Funding</td>
<td>$241,133.00</td>
<td>Rapid Rehousing</td>
</tr>
<tr>
<td>Housing and Urban Development Agency</td>
<td>CoC HUD Funding</td>
<td>250000.0</td>
<td>Rapid Rehousing - DV</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
<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>08/21/2019</td>
<td></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 in Project/Activity ($)</td>
<td>Participation in Project/Activity (%)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</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:** Cindy Simpson, Chief Operating 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: CHRIS 180
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.

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.

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.;

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

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.) Workplace(s), 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: Cindy
Middle Name
Last Name: Simpson
Suffix:
Title: Chief Operating Officer
Telephone Number: (404) 564-3402
(Format: 123-456-7890)
Fax Number: (404) 835-9351
(Format: 123-456-7890)
Email: cindy.simpson@chris180.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:

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: CHRIS 180

Name / Title of Authorized Official: Cindy Simpson, Chief Operating 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.
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: CHRIS 180
Street 1: 1017 Fayetteville Road
Street 2: 4045643402
City: Atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30316

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: CHRIS 180
Project: Changing Directions Through Collaboration

Renewal Project Application FY2019 Page 16 08/21/2019
Authorized Representative

Prefix:  Ms.
First Name:  Cindy
Middle Name:
Last Name:  Simpson
Suffix:
Title:  Chief Operating Officer

Telephone Number:  (404) 564-3402
(Format: 123-456-7890)

Fax Number:  (404) 835-9351
(Format: 123-456-7890)

Email:  cindy.simpson@chris180.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 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 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? 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: $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: GA0330
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Changing Directions Through Collaboration

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.

The desired impact of this program is to provide homeless youth with the resources necessary to transition from a life of instability to one of self-sufficiency. Our goals are to: 1) increase safety through stable housing, 2) increase social-emotional well-being and 3) increase self-sufficiency through education and employment. Essential to achieving these goals is addressing the impact of trauma, which can have a profound effect on overall functioning, and providing holistic services that help youth to achieve developmentally appropriate milestones. We will focus on helping young people make a successful transition to self-sufficient living by engaging in activities, namely graduated medium term assistance to rapidly obtain housing, accepting referrals from partners and conducting outreach to increase awareness of the project.

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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<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>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
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>Quarterly</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>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</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>Weekly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>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>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>Weekly</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>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

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>22</td>
<td>29</td>
</tr>
</tbody>
</table>

Total Units: 22
Total Beds: 29
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: 22
   b. Beds: 29

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: 1017 Fayetteville Road SE
   Street 2: 
   City: Atlanta
   State: Georgia
   ZIP Code: 30316

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>7</td>
<td>15</td>
<td>0</td>
<td>22</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>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>7</td>
<td>15</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>7</td>
<td></td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>14</td>
<td>15</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>Total Persons</td>
<td>14</td>
<td>15</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 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>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>Persons ages 18-24</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>4</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>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>Persons ages 18-24</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>4</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>
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<td></td>
<td></td>
</tr>
<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>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></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></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:
   - 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>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>22</td>
<td>$248,244</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $248,244
Total Units: 22

Applicant: CHRIS 180
Project: Changing Directions Through Collaboration

Renewal Project Application FY2019 Page 34 08/21/2019
**Rental Assistance Budget Detail**

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

**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>0 x</td>
<td>$655</td>
<td>$655 x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>0 x</td>
<td>$873</td>
<td>$873 x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>15 x</td>
<td>$898</td>
<td>$898 x</td>
<td>12</td>
<td>$161,640</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>7 x</td>
<td>$1,031</td>
<td>$1,031 x</td>
<td>12</td>
<td>$86,604</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>0 x</td>
<td>$1,344</td>
<td>$1,344 x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>0 x</td>
<td>$1,651</td>
<td>$1,651 x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>0 x</td>
<td>$1,899</td>
<td>$1,899 x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>0 x</td>
<td>$2,146</td>
<td>$2,146 x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>0 x</td>
<td>$2,394</td>
<td>$2,394 x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>0 x</td>
<td>$2,642</td>
<td>$2,642 x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>0 x</td>
<td>$2,889</td>
<td>$2,889 x</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 22

**Grant Term:** 1 Year

**Total Request for Grant Term:** $248,244

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: | $88,911 |
| Total Value of All Commitments: | $88,911 |

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>CHRIS Counseling ...</td>
<td>08/15/2018</td>
<td>$88,911</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: CHRIS Counseling Center
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2018

6. Value of Written Commitment: $88,911

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>$248,244</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$97,400</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>$345,644</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$10,000</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$355,644</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$88,911</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$88,911</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$444,555</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>
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>CHRIS 180 Match D...</td>
<td>08/16/2019</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: CHRIS 180 Match Documentation
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: Cindy Simpson
Date: 08/16/2019
Title: Chief Operating Officer
Applicant Organization: CHRIS 180
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

<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>
</tbody>
</table>

Applicant: CHRIS 180
Project: Changing Directions Through Collaboration
1D. SF-424 Congressional District(s) 08/16/2019
1E. SF-424 Compliance 08/12/2019
1F. SF-424 Declaration 08/12/2019
1G. HUD-2880 08/12/2019
1H. HUD-50070 08/12/2019
1I. Cert. Lobbying 08/12/2019
1J. SF-LLL 08/12/2019
Recipient Performance 08/12/2019
Renewal Expansion 08/12/2019
Renewal Grant Consolidation 08/12/2019
2A. Subrecipients No Input Required
3A. Project Detail 08/12/2019
3B. Description 08/12/2019
4A. Services 08/12/2019
4B. Housing Type 08/12/2019
5A. Households 08/12/2019
5B. Subpopulations No Input Required
6A. Funding Request 08/12/2019
6C. Rental Assistance 08/12/2019
6D. Match 08/15/2019
6E. Summary Budget No Input Required
7A. Attachment(s) No Input Required
7A. In-Kind Match MOU Attachment 08/16/2019
7B. Certification 08/16/2019
Submission Without Changes 08/16/2019
August 15, 2019

Cathryn Marchman, LCSW, Esq.
Executive Director
275 Pryor Street, SW.
Atlanta, GA 30303

Dear Ms. Marchman:

Please accept this letter of matching funds commitment for the grant application being submitted by CHRIS 180 for the Atlanta Continuum of Care competition. CHRIS 180 proposes a renewal of its Changing Directions Through Collaboration Program to assist 29 homeless individuals in obtaining housing annually.

As evidence of CHRIS Counseling Center’s commitment to this project, we will provide $88,911 in matching funds throughout the 1-year project period through in-kind services. Matching funds will be derived from the cost of mental health and substance abuse counseling for participants at an average of $3,065.90/person x 29 people = $88,911. These services will become available on the project start date.

It is CHRIS Counseling Center’s distinct pleasure to aid the Atlanta CoC in its community-wide commitment to the goal of ending homelessness.

Sincerely,

[Signature]

Cindy Simpson, VP & Chief Operating 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: 08/21/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier: 
   5b. Federal Award Identifier: GA0254
   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: CaringWorks, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 56-2370081

<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
<th>198267622</th>
<th>PLUS 4</th>
</tr>
</thead>
</table>

   d. Address
   Street 1: 2785 Lawrenceville Highway
   Street 2: Suite 205
   City: Decatur
   County: DeKalb
   State: Georgia
   Country: United States
   Zip / Postal Code: 30033

   e. Organizational Unit (optional)
   Department Name: CaringWorks SHP
   Division Name:

   f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
   First Name: Scott
   Middle Name:
   Last Name: Walker
   Suffix:
   Title: Vice President
   Organizational Affiliation: CaringWorks, Inc.
   Telephone Number: (404) 371-1230
Extension: 249
Fax Number: (404) 371-8928
Email: scottwalker@caringworksinc.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):
   Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:
    CaringWorks RISE Atlanta

16. Congressional District(s):
    a. Applicant: GA-004
    b. Project: GA-005
    (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:  Dr.
First Name:  Carol
Middle Name:  S.
Last Name:  Collard
Suffix:  
Title:  President and CEO
Telephone Number:  (404) 371-1230
Fax Number:  (404) 371-8928
Email:  carolcollard@caringworksinc.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: CaringWorks, Inc.
   Prefix: Dr.
   First Name: Carol
   Middle Name: S.
   Last Name: Collard
   Suffix:
   Title: President and CEO

   Organizational Affiliation: CaringWorks, Inc.

   Telephone Number: (404) 371-1230
   Extension: 210

   Email: carolcollard@caringworksinc.org
   City: Decatur
   County: DeKalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30033

2. Employer ID Number (EIN): 56-2370081

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $782,422.00

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

CaringWorks RISE Atlanta 2785 Lawrenceville Highway Decatur Georgia

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>NA</td>
<td>NA</td>
<td>0.0</td>
<td>NA</td>
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<tr>
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<td>NA</td>
</tr>
<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>08/21/2019</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: Carol Collard, President and CEO

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

Date Signed: 08/21/2019
**1H. HUD 50070**

HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** CaringWorks, 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/Agreement</th>
<th>Actions</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></td>
</tr>
<tr>
<td>b. Establishing an on-going drug-free awareness program to inform employees ---</td>
<td></td>
</tr>
<tr>
<td>(1) The dangers of drug abuse in the workplace</td>
<td></td>
</tr>
<tr>
<td>(2) The Applicant’s policy of maintaining a drug-free workplace;</td>
<td></td>
</tr>
<tr>
<td>(3) Any available drug counseling, rehabilitation, and employee assistance programs;</td>
<td></td>
</tr>
<tr>
<td>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
<td></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 ---</td>
<td></td>
</tr>
<tr>
<td>(1) Abide by the terms of the statement; and</td>
<td></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>
<td></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 Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
<td></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>
<td></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>
<td></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>
<td></td>
</tr>
<tr>
<td>g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</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. 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: Dr.
First Name: Carol
Middle Name: S.
Last Name: Collard
Suffix:
Title: President and CEO
Telephone Number: (404) 371-1230
(Format: 123-456-7890)
Fax Number: (404) 371-8928
(Format: 123-456-7890)
Email: carolcollard@caringworksinc.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 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: CaringWorks, Inc.

Name / Title of Authorized Official: Carol Collard, President and CEO

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

Date Signed: 08/21/2019
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: CaringWorks, Inc.
Street 1: 2785 Lawrenceville Highway
Street 2: Suite 205
City: Decatur
County: DeKalb
State: Georgia
Country: United States
Zip / Postal Code: 30033

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: Dr.
First Name: Carol
Middle Name: S.
Last Name: Collard

Suffix:
Title: President and CEO

Telephone Number: (404) 371-1230
(Format: 123-456-7890)

Fax Number: (404) 371-8928
(Format: 123-456-7890)

Email: carolcollard@caringworksinc.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 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?  
   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>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: GA0254
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: CaringWorks RISE Atlanta

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.

The CaringWorks RISE Atlanta Program provides 50 single bed apartment units located in the City of Atlanta to clients who are identified as facing homelessness within the city limits. CaringWorks provides case management, recovery-based interventions and support, counseling, referrals, life skills classes, community engagement and emergency assistance with the goal of increasing clients' housing stability, income, and behavioral health status.

Clients are referred to CaringWorks by the Atlanta Continuum of Care and must have a verification of homelessness that follows the standard verification requirements as detailed by HUD guidelines. Upon arrival into the CaringWorks Permanent Supportive Housing Program, clients are assigned a case manager. CaringWorks’ case managers follow a Housing First model and work with each client to develop a Person Centered Plan (PCP) that outlines their goals and challenges as it relates to achieving stability. Clients meet with their case managers on a bi-monthly basis to discuss and update the plan accordingly.

To achieve the goals in the plan, case managers determine what benefits each client may be eligible for. They work with partner agencies to help their clients secure resources and for specific client assistance and training. The ultimate goal of this support is to help assist clients to manage their recovery, mental health challenges, and physical health so that they can achieve housing stability. We anticipate that at least 85% of our clients will remain stably housed over the course of the grant year (agency wide, 95% of our permanent supportive housing clients remain stably housed.)

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>Condition</th>
<th>Yes/No</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>☑</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>☑</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>☑</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>☑</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>☑</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</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>☑</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>Bi-weekly</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>Bi-weekly</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>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>Applicant</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>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>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. No
4B. Housing Type and Location

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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: 50
Total Beds: 50
Total Dedicated CH Beds: 50

<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 (JOINT)</td>
<td>---</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Scattered-site apartments (JOINT)</td>
<td>---</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Scattered-site apartments (JOINT)</td>
<td>---</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Scattered-site apartments (JOINT)</td>
<td>---</td>
<td>4</td>
<td>4</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: 25
   b. Beds: 25

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   25
   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: 1940 Fisher Road
Street 2:
City: Atlanta
State: Georgia
ZIP Code: 30315

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta

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: 8
   
b. Beds: 8

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: 630 Cameron Alexander
   Street 2: 
   City: Atlanta
   State: Georgia
   ZIP Code: 30318

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta

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: 13
   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: 882 Fox Street
   Street 2: [Optional]
   City: Atlanta
   State: Georgia
   ZIP Code: 30318

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta

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: 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: 2000 Chicago Avenue NW
Street 2: 
    City: Atlanta
    State: Georgia
    ZIP Code: 30314

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>50</td>
<td>0</td>
<td>50</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>50</td>
<td>0</td>
<td>50</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>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>50</td>
<td>0</td>
<td>50</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>
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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>
<tr>
<td>Total Persons</td>
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<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>40</td>
<td>10</td>
<td>0</td>
<td>30</td>
<td>2</td>
<td>30</td>
<td>0</td>
<td>5</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>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>40</td>
<td>10</td>
<td>0</td>
<td>30</td>
<td>2</td>
<td>30</td>
<td>0</td>
<td>5</td>
<td>1</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 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>
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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>

Applicant: CaringWorks Inc. 198267622 178689
Project: CaringWorks RISE Atlanta 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 X
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS
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>GA - Atlanta-Sand...</td>
<td>50</td>
<td>$579,600</td>
<td>$579,600</td>
</tr>
</tbody>
</table>

- **Total Annual Assistance Requested:** $579,600
- **Grant Term:** 1 Year
- **Total Request for Grant Term:** $579,600
- **Total Units:** 50
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: GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

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>0</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
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<tr>
<td>4 Bedroom</td>
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<td>5 Bedroom</td>
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<td>6 Bedroom</td>
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<td>8 Bedroom</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>50</strong></td>
<td><strong>$579,600</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td><strong>1 Year</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td><strong>$579,600</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: | $50,706 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $50,706 |

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>CaringWorks Appli...</td>
<td>08/12/2016</td>
<td>$50,706</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: CaringWorks Applicant Cash (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/12/2016
6. Value of Written Commitment: $50,706
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>$579,600</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>$131,434</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$23,635</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total CostsRequested</td>
<td>$734,669</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$47,753</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$782,422</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$50,706</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$50,706</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$833,128</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:
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  Carol Collard

Date:  08/21/2019

Title:  President and CEO

Applicant Organization:  CaringWorks, 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>X</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></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>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):

3B - Spelling correction in project detail. 4A - SOAR information updated. Staff are attending SOAR training in September 2019. 6B - Updated for 2019 FMR. 6D - Match updated. 6E - Admin increase requested at 6.5%.

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>08/21/2019</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>
</tbody>
</table>

Applicant: CaringWorks Inc.

Project: CaringWorks RISE Atlanta

Renewal Project Application FY2019 Page 48 08/21/2019
| 1D. SF-424 Congressional District(s) | 08/21/2019 |
| 1E. SF-424 Compliance | 08/21/2019 |
| 1F. SF-424 Declaration | 08/21/2019 |
| 1G. HUD-2880 | 08/21/2019 |
| 1H. HUD-50070 | 08/21/2019 |
| 1I. Cert. Lobbying | 08/21/2019 |
| 1J. SF-LLL | 08/21/2019 |
| Recipient Performance | 08/21/2019 |
| Renewal Expansion | 08/21/2019 |
| Renewal Grant Consolidation | 08/21/2019 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 08/21/2019 |
| 3B. Description | 08/21/2019 |
| 3C. Dedicated Plus | 08/21/2019 |
| 4A. Services | 08/21/2019 |
| 4B. Housing Type | 08/21/2019 |
| 5A. Households | 08/21/2019 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 08/21/2019 |
| 6B. Leased Units | 08/21/2019 |
| 6D. Match | 08/21/2019 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |
| 7B. Certification | 08/21/2019 |
| Submission Without Changes | 08/21/2019 |
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: 08/21/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: GA0349
       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: CaringWorks, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 56-2370081

c. Organizational DUNS: 198267622  PLUS 4

   d. Address
   Street 1: 2785 Lawrenceville Highway
   Street 2: Suite 205
   City: Decatur
   County: DeKalb
   State: Georgia
   Country: United States
   Zip / Postal Code: 30033

   e. Organizational Unit (optional)
   Department Name: CaringWorks SHP
   Division Name:

   f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
   First Name: Scott
   Middle Name:
   Last Name: Walker
   Suffix:
   Title: Vice President
   Organizational Affiliation: CaringWorks, Inc.
   Telephone Number: (404) 371-1230
Extension: 249
Fax Number: (404) 371-8928
Email: scottwalker@caringworksinc.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): Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: CaringWorks RISE II Atlanta

16. Congressional District(s):
   a. Applicant: GA-004
      (for multiple selections hold CTRL key)
   b. Project: GA-005
      (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:  

21. Authorized Representative

Prefix:  Dr.
First Name:  Carol
Middle Name:  S.
Last Name:  Collard
Suffix:
Title:  President and CEO
Telephone Number:  (404) 371-1230  
(Format: 123-456-7890)
Fax Number:  (404) 371-8928  
(Format: 123-456-7890)
Email:  carolcollard@caringworksinc.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/21/2019
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: CaringWorks, Inc.
   Prefix: Dr.
   First Name: Carol
   Middle Name: S.
   Last Name: Collard
   Suffix: 
   Title: President and CEO

   Organizational Affiliation: CaringWorks, Inc.

   Telephone Number: (404) 371-1230
   Extension: 210
   Email: carolcollard@caringworksinc.org
   City: Decatur
   County: DeKalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30033

2. Employer ID Number (EIN): 56-2370081

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $226,063.00

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

CaringWorks RISE II Atlanta 2785 Lawrenceville Highway Decatur Georgia

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>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
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</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
<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>08/21/2019</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: Carol Collard, President and CEO

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

Date Signed: 08/20/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: CaringWorks, 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. 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:  Dr.
First Name:  Carol
Middle Name:  S.
Last Name:  Collard
Suffix:  
Title:  President and CEO
Telephone Number:  (404) 371-1230  
(Format: 123-456-7890)
Fax Number:  (404) 371-8928  
(Format: 123-456-7890)
Email:  carolcollard@caringworksinc.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 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: CaringWorks, Inc.

Name / Title of Authorized Official: Carol Collard, President and CEO

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

Date Signed: 08/21/2019
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: CaringWorks, Inc.
Street 1: 2785 Lawrenceville Highway
Street 2: Suite 205
City: Decatur
County: DeKalb
State: Georgia
Country: United States
Zip / Postal Code: 30033

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: CaringWorks Inc.
Project: CaringWorks RISE II Atlanta

Renewal Project Application FY2019 Page 16 08/21/2019
Authorized Representative

Prefix: Dr.
First Name: Carol
Middle Name: S.
Last Name: Collard
Suffix:
Title: President and CEO

Telephone Number: (404) 371-1230
(Format: 123-456-7890)
Fax Number: (404) 371-8928
(Format: 123-456-7890)
Email: carolcollard@caringworksinc.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 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?  No
   
   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
   
   There are no expired grants. The current grant expires on 3/15/2020.

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.

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

Total Expected Sub-Awards: $0

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: GA0349
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: CaringWorks RISE II Atlanta

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.

The CaringWorks RISE II Atlanta project provides permanent supportive housing for 20 chronically homeless single men and women in the City of Atlanta. CaringWorks works closely with the Atlanta CoC coordinated assessment team to identify potential clients. The majority of our clients in this program are middle aged, 100% are chronically homeless, 80% battle mental illness and 70% have substance abuse issues. As part of this program, participants receive safe housing in single bed apartments, intensive case management, connection to supportive services and mainstream benefits, and client assistance such as transportation and food supplies on an as needed basis. CaringWorks’ case managers follow a Housing First model and work with each client to develop a Person Centered Plan (PCP) that outlines their goals and challenges as it relates to achieving stability. CaringWorks’ long history of providing permanent supportive housing has resulted in over 85% housing stability for program participants. Our success is based on a foundation that includes 1) active utilization of the harm reduction model, 2) strong relationships with housing partners and other service providers, and 3) a well-trained and dedicated staff and Board of Directors.

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>X</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td></td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td></td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Families with Children</td>
<td></td>
<td>HIV/AIDS</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.

- 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
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

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>Bi-weekly</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>Bi-weekly</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>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>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>Applicant</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>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>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. No
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: 20
Total Beds: 20
Total Dedicated CH Beds: 20

<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>20</td>
<td>20</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: 20
   b. Beds: 20

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.
   20

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: 1940 Fisher Rd SE
   Street 2: Atlanta
   City: Atlanta
   State: Georgia
   ZIP Code: 30315

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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></td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td></td>
<td>20</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></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>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>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></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>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>13</td>
<td>2</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>13</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>13</td>
<td>2</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>13</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>13</td>
<td>2</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>13</td>
<td>1</td>
<td>4</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>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>
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<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>
</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
   - 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>Total Value of Cash Commitments:</th>
<th>$56,516</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>$56,516</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>Applicant Cash</td>
<td>08/14/2019</td>
<td>$56,516</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:  Applicant Cash

(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:  $56,516
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>$161,551</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$49,969</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$211,520</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$14,543</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$226,063</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$56,516</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$56,516</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$282,579</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</td>
<td>No</td>
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<td></td>
</tr>
<tr>
<td>Documentation</td>
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<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
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<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:
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  Carol Collard
Date: 08/21/2019
Title: President and CEO
Applicant Organization: CaringWorks, 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>☒</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>
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</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>☒</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):

3A - No changes. 3B - Description updated. 4A - SOAR information updated. Staff are attending SOAR training in September 2019. 6D - Match updated.

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>08/20/2019</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>08/21/2019</td>
</tr>
</tbody>
</table>

Applicant: CaringWorks Inc.
Project: CaringWorks RISE II Atlanta
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/20/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/20/2019</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>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/21/2019</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: 08/21/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: GA0153

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: CaringWorks, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 56-2370081

   c. Organizational DUNS: 198267622

   d. Address
      Street 1: 2785 Lawrenceville Highway
      Street 2: Suite 205
      City: Decatur
      County: DeKalb
      State: Georgia
      Country: United States
      Zip / Postal Code: 30033

   e. Organizational Unit (optional)
      Department Name: CaringWorks SHP
      Division Name:

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: Scott
      Middle Name:
      Last Name: Walker
      Suffix:
      Title: Vice President
      Organizational Affiliation: CaringWorks, Inc.
      Telephone Number: (404) 371-1230
Extension: 249
Fax Number: (404) 371-8928
Email: scottwalker@caringworksinc.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)
   Georgia

15. Descriptive Title of Applicant’s Project:
    Shamrock SHP

16. Congressional District(s):
    a. Applicant: GA-004
       (for multiple selections hold CTRL key)
    b. Project: GA-005
       (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: Dr.
First Name: Carol
Middle Name: S.
Last Name: Collard
Suffix:
Title: President and CEO
Telephone Number: (404) 371-1230
Fax Number: (404) 371-8928
Email: carolcollard@caringworksinc.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: CaringWorks, Inc.
   Prefix: Dr.
   First Name: Carol
   Middle Name: S.
   Last Name: Collard
   Suffix: 
   Title: President and CEO

   Organizational Affiliation: CaringWorks, Inc.
   Telephone Number: (404) 371-1230
   Extension: 210
   Email: carolcollard@caringworksinc.org
   City: Decatur
   County: DeKalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30033

2. Employer ID Number (EIN): 56-2370081
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $212,072.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Shamrock SHP 2785 Lawrenceville Highway
Decatur Georgia

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>NA</td>
<td>NA</td>
<td>0.00</td>
<td>NA</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
<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>08/21/2019</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: Carol Collard, President and CEO

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

Date Signed: 08/21/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: CaringWorks, 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/Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I certify that the above named Applicant will or will continue to provide a drug-free workplace by:</td>
</tr>
<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 —— (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. 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 —— (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. 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 —— (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. 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
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: Dr.
First Name: Carol
Middle Name S.
Last Name: Collard
Suffix:
Title: President and CEO
Telephone Number: (404) 371-1230
(Format: 123-456-7890)
Fax Number: (404) 371-8928
(Format: 123-456-7890)
Email: carolcollard@caringworksinc.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 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:  CaringWorks, Inc.

Name / Title of Authorized Official:  Carol Collard, President and CEO

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

Date Signed:  08/21/2019
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: CaringWorks, Inc.
Street 1: 2785 Lawrenceville Highway
Street 2: Suite 205
City: Decatur
County: DeKalb
State: Georgia
Country: United States
Zip / Postal Code: 30033

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: CaringWorks Inc.
Project: Shamrock SHP

Renewal Project Application FY2019 Page 16 08/21/2019
Authorized Representative

Prefix: Dr.
First Name: Carol
Middle Name: S.
Last Name: Collard
Suffix:
Title: President and CEO

Telephone Number:
(Format: 123-456-7890)
(404) 371-1230

Fax Number:
(Format: 123-456-7890)
(404) 371-8928

Email: carolcollard@caringworksinc.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 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?  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: GA0153
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Shamrock SHP

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.

The CaringWorks Shamrock SHP grant provides permanent supportive housing for 10 single women with a history of homelessness along with substance abuse, mental illness or co-occurring disorders. CaringWorks provides case management, recovery-based interventions and support, counseling, referrals, life skills classes, community engagement and emergency assistance with the goal of increasing clients’ housing stability, income and behavioral health status. Clients are referred to CaringWorks by the Atlanta CoC and must have a verification of homelessness that follows the standard verification requirements as detailed by HUD guidelines.

Upon arrival into the CaringWorks Shamrock Gardens Permanent Supportive Housing Program, clients are assigned a case manager. CaringWorks’ case managers follow a Housing First model and work with each client to develop a Person Centered Plan (PCP) that outlines their goals and challenges as it relates to achieving stability. Clients meet with their case managers on a bi-monthly basis to discuss and update the plan accordingly. To achieve the goals in the plan, case managers determine what benefits each client may be eligible for. They work with partner agencies to help their clients secure resources and for specific client assistance and training. The ultimate goal of this support is to increase housing stability and to assist clients in managing their recovery and/or mental health challenges.

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Applicant: CaringWorks Inc.

Project: Shamrock SHP

Renewal Project Application FY2019

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08/21/2019
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
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>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>Bi-weekly</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>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>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>Applicant</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>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? **No**
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: 10
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>Scattered-site apartments (...</td>
<td>---</td>
<td>10</td>
<td>10</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: 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: 1988 Plaza Lane, SW
   Street 2: Atlanta
   State: Georgia
   ZIP Code: 30311

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>10</td>
<td>0</td>
<td>10</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>10</td>
<td></td>
<td>10</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>0</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>10</td>
<td>0</td>
<td>10</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></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>

### 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>8</td>
<td>1</td>
<td>8</td>
<td>0</td>
<td>5</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>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>8</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>1</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>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? 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:

<table>
<thead>
<tr>
<th>Item</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Leased Units</td>
<td>X</td>
</tr>
<tr>
<td>Leased Structures</td>
<td></td>
</tr>
<tr>
<td>Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>Supportive Services</td>
<td>X</td>
</tr>
<tr>
<td>Operating</td>
<td>X</td>
</tr>
<tr>
<td>HMIS</td>
<td></td>
</tr>
</tbody>
</table>
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>GA - Atlanta-Sand...</td>
<td>10</td>
<td>$115,920</td>
<td>$115,920</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $115,920
Grant Term: 1 Year
Total Request for Grant Term: $115,920
Total Units: 10
**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: GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

### 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>10</td>
<td>$115,920</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>
</tbody>
</table>

Total Units and Annual Assistance Requested: 10  $115,920

<table>
<thead>
<tr>
<th>Grant Term</th>
<th>1 Year</th>
</tr>
</thead>
</table>

Total Request for Grant Term: $115,920

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>$24,038</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$24,038</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>CaringWorks Appli...</td>
<td>08/17/2017</td>
<td>$24,038</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: CaringWorks Applicant Cash

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/17/2017

6. Value of Written Commitment: $24,038
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>$115,920</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>$50,500</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$32,709</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$199,129</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$12,943</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$212,072</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$24,038</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$24,038</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$236,110</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>

**Applicant:** CaringWorks Inc.  
**Project:** Shamrock SHP
Attachment Details

Document Description:

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** Carol Collard

**Date:** 08/21/2019

**Title:** President and CEO

**Applicant Organization:** CaringWorks, 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.
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></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></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>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):

4A - SOAR information updated. Staff are attending SOAR training in September 2019. 6B - Updated for 2019 FMR. 6D - Match updated. 6E - Admin increase requested at 6.5%.

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1A. SF-424 Application Type</strong></td>
<td>08/21/2019</td>
</tr>
<tr>
<td><strong>1B. SF-424 Legal Applicant</strong></td>
<td>No Input Required</td>
</tr>
<tr>
<td><strong>1C. SF-424 Application Details</strong></td>
<td>No Input Required</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2019

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>08/21/2019</td>
</tr>
</tbody>
</table>
1D. SF-424 Congressional District(s) 08/21/2019
1E. SF-424 Compliance 08/21/2019
1F. SF-424 Declaration 08/21/2019
1G. HUD-2880 08/21/2019
1H. HUD-50070 08/21/2019
1I. Cert. Lobbying 08/21/2019
1J. SF-LLL 08/21/2019
Recipient Performance 08/21/2019
Renewal Expansion 08/21/2019
Renewal Grant Consolidation 08/21/2019
2A. Subrecipients No Input Required
3A. Project Detail 08/21/2019
3B. Description 08/21/2019
3C. Dedicated Plus 08/21/2019
4A. Services 08/21/2019
4B. Housing Type 08/21/2019
5A. Households 08/21/2019
5B. Subpopulations No Input Required
6A. Funding Request 08/21/2019
6B. Leased Units 08/21/2019
6D. Match 08/21/2019
6E. Summary Budget No Input Required
7A. Attachment(s) No Input Required
7B. Certification 08/21/2019
Submission Without Changes 08/21/2019
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: 08/21/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: GA0130
   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: Georgia Housing and Finance Authority
b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1222605

c. Organizational DUNS: 099306029 PLUS 4

d. Address
   Street 1: 60 Executive Park South, NE
   City: Atlanta
   County: Dekalb
   State: Georgia
   Country: United States
   Zip / Postal Code: 30329

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

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
   First Name: David
   Middle Name:
   Last Name: Whisnant
   Suffix:
   Title: Director, OHSNH
   Organizational Affiliation: Georgia Housing and Finance Authority
   Telephone Number: (404) 679-0660
Extension:
Fax Number:  (770) 359-3806
Email:  David.Whisnant@dca.ga.gov
1C. SF-424 Application Details

9. Type of Applicant: A. State 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): Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Families First S+CR2

16. Congressional District(s):
   (for multiple selections hold CTRL key)
   b. Project: GA-005
   (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: Shawn
Middle Name:
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division
Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/21/2019
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: Georgia Housing and Finance Authority
   Prefix: Ms.
   First Name: Shawn
   Middle Name:
   Last Name: Williams
   Suffix:
   Title: Director, Housing Assistance Division
   Organizational Affiliation: Georgia Housing and Finance Authority
   Telephone Number: (404) 679-0621
   Extension:
   Email: shawn.williams@dca.ga.gov
   City: atlanta
   County: Dekalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30329

2. Employer ID Number (EIN): 58-1222605

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $252,000.00

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

Families First S+CR2 60 Executive Park South, NE Atlanta Georgia

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>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$550,000.00</td>
<td>Shelter Plus Care Support Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>600000.0</td>
<td>Shelter Plus Care Harm Reduction Case Management Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$47,294.00</td>
<td>Coordinated Entry</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$100,000.00</td>
<td>HMIS</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:** Shawn Williams, Director, Housing Assistance Division

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

**Date Signed:** 08/13/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Georgia Housing and Finance 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. 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: Shawn
Middle Name
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division
Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov
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 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: Georgia Housing and Finance Authority

Name / Title of Authorized Official: Shawn Williams, Director, Housing Assistance Division

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

Date Signed: 08/21/2019
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: Georgia Housing and Finance Authority
Street 1: 60 Executive Park South, NE
Street 2:
City: Atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30329

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: Shawn
Middle Name: 
Last Name: Williams
Suffix: 
Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)

Fax Number: (404) 679-4837
(Format: 123-456-7890)

Email: shawn.williams@dca.ga.gov

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 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?
   Yes
   
   Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.
   
   This grant left around $6,000 in unspent funds for the FY17 grant year which is the most recently expired grant.
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? Yes

   If "No" click on "Next" or "Save & Next" below to move to the next screen.

2. Is this an individual project application or a fully consolidated project application? Individual

   Click on “Save & Next” to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2019 funding.
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: $252,000

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families First</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$252,000</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Families First

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 58-1054331

d. Organizational DUNS: 040680449

 e. Physical Address
    Street 1: 1371 Kimberly Way SW
    Street 2: 
    City: Atlanta
    State: Georgia
    Zip Code: 30331

f. Congressional District(s): GA-005
   (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: $252,000

j. Contact Person
   Prefix: Dr.
   First Name: MiShawna
   Middle Name: 
   Last Name: Moore
Suffix:  
Title: Chief Program Officer  
E-mail Address: mishawna.moore@familiesfirst.org  
Confirm E-mail Address: mishawna.moore@familiesfirst.org  
Phone Number: 404-853-2819  
Extension:  
Fax Number:  

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: GA0130
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Families First S+CR2

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.

Each year, Georgia Housing and Finance Authority (GFHA) is awarded HUD funding through Atlanta CoC. Families First is a sub-recipient of GHFA and complies with all monitoring, fund reimbursement policies, and housing quality standards as well as the Housing First model. With the funding provided to Families First, we operate Shelter-A-Family (SAF) II which is a permanent, supportive housing program that combines federal rental assistance with comprehensive supportive services for persons with children who have experienced long-term homelessness and suffers with a disability such as severe mental illness, chronic substance abuse, dual diagnosis, and/or an HIV/AIDS related illness. SAF provides services for 19 families in HUD-funded apartment units located in Atlanta at Ashley Court Apartment Homes. Families are referred to Shelter-A-Family II by local drug and alcohol treatment programs, mental health facilities, emergency shelters, the county and state child welfare agency, and clinics and hospitals through the coordinated entry case conferencing with Atlanta CoC.

The Shelter-A-Family II program objectives are to provide clients with accessible and intensive individual, family and group mental health counseling and substance abuse treatment services, case management and linkages to community services and resources that will enable them to become economically independent and self-sufficient.

The primary desired outcomes are:
- 90% of clients will remain in safe and stable housing for at least 12 months
- 55% of clients will receive disability or entitlement benefits
- 20% of clients will be employed

Families are assisted with critical services including transportation, childcare, financial literacy, GED preparation and job training. Participant goal attainment is measured every 90 days and aftercare follow-up is tracked at 30, 90 and 180 days. This increases participants’ access to services and improves opportunities to achieve successful outcomes such as increased income and improved parenting.

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>

Applicant: Georgia Housing & Finance Authority
Project: Families First S+CR2

Renewal Project Application FY2019 Page 26 08/21/2019
### 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. (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
2. (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. (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. (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. (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. (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>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Daily</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>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>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>Weekly</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>Weekly</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:

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.  No
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: 17  
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>17</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: 17
   b. Beds: 42

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: 1371 Kimberly Way
   Street 2:
   City: Atlanta
   State: Georgia
   ZIP Code: 30331

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)

   130174 Atlanta
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>Total Number of 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>17</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td></td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td></td>
<td>42</td>
<td>0</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>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>16</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>2</td>
<td>14</td>
<td>2</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>1</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>25</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>2</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>25</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</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>
Describe the unlisted subpopulations referred to above:
homeless children without specific subpopulation characteristics, but who are dependents in households where at least one adult is chronically homeless and disabled.
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>GA - Atlanta-Sandy Springs-Roswell, GA...</td>
<td>17</td>
<td>$240,372</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $240,372
Total Units: 17
# Rental Assistance Budget Detail

**Type of Rental Assistance:** SRA

**Metropolitan or non-metropolitan fair market rent area:** GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

**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>$655</td>
<td>$655</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$873</td>
<td>$873</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$898</td>
<td>$898</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>9x</td>
<td>$1,031</td>
<td>$1,031</td>
<td>x 12</td>
<td>= $111,348</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>8x</td>
<td>$1,344</td>
<td>$1,344</td>
<td>x 12</td>
<td>= $129,024</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>$1,651</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>$1,899</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>$2,146</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>$2,394</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>$2,642</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>$2,889</td>
<td>x 12</td>
<td>= $0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 17

**Grant Term:** 1 Year

**Total Request for Grant Term:** $240,372

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: | $63,000 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $63,000 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?

<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>PNC Grant</td>
<td>08/14/2018</td>
<td>$15,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Kaiser</td>
<td>08/14/2018</td>
<td>$25,813</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Rich Foundation</td>
<td>08/14/2018</td>
<td>$20,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>HTF - Dollars</td>
<td>08/20/2019</td>
<td>$2,187</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: PNC Grant
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/14/2018
6. Value of Written Commitment: $15,000

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: Kaiser
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/14/2018
6. Value of Written Commitment: $25,813

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: Rich Foundation
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/14/2018
6. Value of Written Commitment: $25,813
office or grant program as applicable)

5. Date of Written Commitment: 08/14/2018
6. Value of Written Commitment: $20,000

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: HTF - Dollars
   (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: $2,187
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>$240,372</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>$240,372</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$11,628</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$252,000</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$63,000</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$63,000</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$315,000</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>Families First 501c3</td>
<td>12/14/2013</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: Families First 501c3

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: Shawn Williams
Date: 08/21/2019
Title: Director, Housing Assistance Division
Applicant Organization: Georgia Housing and Finance 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>
</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>6C. Rental Assistance</td>
</tr>
<tr>
<td>6D. Match</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):

Adjustments were needed to 2A, 3B, and 6D to match the GIW, project description, and match requirements.

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>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/13/2019</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>
</tbody>
</table>

Applicant: Georgia Housing & Finance Authority
Project: Families First S+CR2
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/13/2019</td>
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<tr>
<td>1H. HUD-50070</td>
<td>08/13/2019</td>
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<tr>
<td>1I. Cert. Lobbying</td>
<td>08/13/2019</td>
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<tr>
<td>1J. SF-LLL</td>
<td>08/13/2019</td>
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<td>Recipient Performance</td>
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<tr>
<td>Renewal Expansion</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/13/2019</td>
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<td>2A. Subrecipients</td>
<td>08/14/2019</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/13/2019</td>
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<td>4B. Housing Type</td>
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<tr>
<td>5A. Households</td>
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<td>5B. Subpopulations</td>
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</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/13/2019</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>08/13/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/14/2019</td>
</tr>
</tbody>
</table>
Dear Sir or Madam:

This is in response to your request for a letter affirming your organization’s exempt status.

In September 1942 we issued a determination letter that recognized your organization as exempt from federal income tax under section 101(6) of the Internal Revenue Code of 1939 (now section 501(c)(3) of the Internal Revenue Code of 1986). That determination letter is still in effect.

We classified your organization as a publicly supported organization, and not a private foundation, because it is described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code. This classification was based on the assumption that your organization’s operations would continue as stated in the application. If your organization’s purposes, character, method of operations, or sources of support have changed, please let us know so we can consider the effect of the change on the organization’s exempt status and foundation status.

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.

As of January 1, 1984, your organization is liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more the organization pays to each of its employees during a calendar year. There is no liability 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. If you have any questions about excise, employment, or other federal taxes, please let us know.
Families First, Inc.
58-1054331

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 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.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the permanent records of the organization.

If you have questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

[Signature]

John E. Ricketts, Director, TE/GE
Customer Account Services
Gentlemen:

We have received your request for confirmation of your exemption from Federal income tax.

A ruling was issued on September 1, 1942, wherein we concluded that the Child Welfare Association of Fulton and DeKalb Counties is exempt from Federal income tax under the provisions of section 101(c) of the Internal Revenue Code of 1939 (which corresponds to section 501(c)(3) of the Internal Revenue Code of 1954). This ruling was affirmed by our ruling of December 20, 1951.

Information received disclosed that the name of your organization was changed from Child Welfare Association of Fulton and DeKalb Counties to the Child Service Association, Inc. by court order on December 21, 1951, and then to Children's Center of Metropolitan Atlanta, Inc. by court order dated March 20, 1964. On June 3, 1969 the name was changed by court order to Child Service and Family Counseling Center, Inc.

The tax exempt status granted by our letter of September 1, 1942 and December 20, 1951 remain in full force and effect under the provisions of section 501(c)(3) of the Internal Revenue Code of 1954, and will remain in effect under your present name until terminated, modified or revoked by the Internal Revenue Service.

As shown by the enclosed copy of Form M-0714 and the Form 4653 which you submitted you are not a private foundation because you are an organization described in section 170(b)(1)(A)(vi) of the Code.

Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any change in your name and address.
Thank you for your cooperation.

Sincerely yours,

W. L. Womack
Exempt Organization Specialist

Encl.: Copy of Form M-0714.
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: 08/21/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: GA0011
      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: Georgia Housing and Finance Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1222605

   c. Organizational DUNS: 099306029

   d. Address
      Street 1: 60 Executive Park South, NE
      City: atlanta
      County: Dekalb
      State: Georgia
      Country: United States
      Zip / Postal Code: 30329

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

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: David
      Middle Name:
      Last Name: Whisnant
      Suffix: 
      Title: Director, OHSNH
      Organizational Affiliation: Georgia Housing and Finance Authority
      Telephone Number: (404) 679-0660
Extension:
Fax Number:  (770) 359-3806
Email:  David.Whisnant@dca.ga.gov
1C. SF-424 Application Details

9. Type of Applicant:  A. State 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):
   Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:
   Families First S+CR

16. Congressional District(s):
   a. Applicant:
   (for multiple selections hold CTRL key)
   b. Project:
      GA-005
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 04/01/2020
   b. End Date: 03/31/2021

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: Shawn
Middle Name:
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov

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: Georgia Housing and Finance Authority
   Prefix: Ms.
   First Name: Shawn
   Middle Name:
   Last Name: Williams
   Suffix:
   Title: Director, Housing Assistance Division

   Organizational Affiliation: Georgia Housing and Finance Authority
   Telephone Number: (404) 679-0621
   Extension:
   Email: shawn.williams@dca.ga.gov
   City: atlanta
   County: Dekalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30329

2. Employer ID Number (EIN): 58-1222605

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance
   Requested/Received: $213,582.00

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

Families First S+CR 60 Executive Park South, NE Atlanta Georgia

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>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$550,000.00</td>
<td>Shelter Plus Care Support Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>600000.00</td>
<td>Shelter Plus Care Harm Reduction Case Management Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$47,294.00</td>
<td>Coordinated Entry</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$100,000.00</td>
<td>HMIS</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:** Shawn Williams, Director, Housing Assistance Division

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

**Date Signed:** 08/13/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Georgia Housing and Finance 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:

<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>

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: Shawn
Middle Name
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division
Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov
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 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: Georgia Housing and Finance Authority

Name / Title of Authorized Official: Shawn Williams, Director, Housing Assistance Division

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

Date Signed: 08/21/2019
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: Georgia Housing and Finance Authority
Street 1: 60 Executive Park South, NE
Street 2: atlanta
City: Dekalb
County: Georgia
State: United States
Country: United States
Zip / Postal Code: 30329

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: Shawn
Middle Name: 
Last Name: Williams
Suffix: 
Title: Director, Housing Assistance Division

Telephone Number:
(Format: 123-456-7890)
(404) 679-0621

Fax Number: (Format: 123-456-7890)
(404) 679-4837

Email: shawn.williams@dca.ga.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/21/2019
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 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? No

   Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.
   
   delay in HUD execution of contract; draws were consistently made following execution of contract.

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 grant is over-serving; however it returned funds of $16,532.
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 Renewal 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? Yes
   If "No" click on "Next" or "Save & Next" below to move to the next screen.

2. Is this an individual project application or a fully consolidated project application? Individual
   Click on “Save & Next” to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2019 funding.
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: $213,582

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families First</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$213,582</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Families First

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 58-1054331

d. Organizational DUNS: 040680449

Physical Address
Street 1: 1371 Kimberly Way SW
City: Atlanta
State: Georgia
Zip Code: 30331

f. Congressional District(s): GA-005
(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: $213,582

j. Contact Person
Prefix: Dr.
First Name: MiShawna
Middle Name: 
Last Name: Moore
Suffix: 
Title: Chief Program Officer
E-mail Address: mishawna.moore@familiesfirst.org
Confirm E-mail Address: mishawna.moore@familiesfirst.org
Phone Number: 404-853-2819
Extension: 
Fax Number: 

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: GA0011
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Families First S+CR

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.

Each year, Georgia Housing and Finance Authority (GFHA) is awarded HUD funding through Atlanta CoC. Families First is a sub-recipient of GHFA and complies with all monitoring, fund reimbursement policies, and housing quality standards as well as the Housing First model. With the funding provided to Families First, we operate Shelter-A-Family (SAF) I which is a permanent, supportive housing program that combines federal rental assistance with comprehensive supportive services for persons with children who have experienced long-term homelessness and suffers with a disability such as severe mental illness, chronic substance abuse, dual diagnosis, and/or an HIV/AIDS related illness. SAF I provides services for 20 families in HUD-funded apartment units located in Atlanta at Ashley Court Apartment Homes. Families are referred to SAF I by local drug and alcohol treatment programs, mental health facilities, emergency shelters, the county and state child welfare agency, and clinics and hospitals through the coordinated entry case conferencing with Atlanta CoC.

The Shelter-A-Family I program objectives are to provide clients with accessible and intensive individual, family and group mental health counseling and substance abuse treatment services, case management and linkages to community services and resources that will enable them to become economically independent and self-sufficient.

The primary desired outcomes are:
• 85% of clients will remain in safe and stable housing for at least 12 months
• 55% of clients will receive disability or entitlement benefits
• 20% of clients will be employed

Families are assisted with critical services including transportation, childcare, financial literacy, GED preparation and job training. Participant goal attainment is measured every 90 days and aftercare follow-up is tracked at 30, 90 and 180 days. This increases participants’ access to services and improves opportunities to achieve successful outcomes such as increased income and improved parenting.

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>

Renewal Project Application FY2019  Page 26  08/21/2019
Youth (under 25)   
Mental Illness   
Families with Children   
HIV/AIDS   
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.

| 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. 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>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Daily</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>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>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>Weekly</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>Weekly</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>Daily</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

| 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. No
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: 15
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>34</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: 34

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   34
   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: 2788 Defoors Ferry Road
   Street 2: 
   City: Atlanta
   State: Georgia
   ZIP Code: 30318

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
## 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>Total Persons</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>34</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>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>19</td>
<td>0</td>
<td>0</td>
<td>19</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</td>
<td>34</td>
<td>0</td>
<td>0</td>
<td>15</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>Develop Mental 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>6</td>
<td>7</td>
<td>14</td>
<td>4</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>0</td>
<td>1</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>19</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>7</td>
<td>15</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19</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>Develop Mental 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>
<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>
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<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 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>Develop Mental 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>
<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>
<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>
<td>0</td>
</tr>
</tbody>
</table>
Describe the unlisted subpopulations referred to above:
children without special needs that are in the HH with a homeless disabled adult
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>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>15</td>
<td>$200,604</td>
</tr>
</tbody>
</table>
Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

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>$655</td>
<td>$655</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$873</td>
<td>$873</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$898</td>
<td>$898</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>11 x</td>
<td>$1,031</td>
<td>$1,031</td>
<td>x 12</td>
<td>= $136,092</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>4 x</td>
<td>$1,344</td>
<td>$1,344</td>
<td>x 12</td>
<td>= $64,512</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>$1,651</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>$1,899</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>$2,146</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>$2,394</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>$2,642</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>$2,889</td>
<td>x 12</td>
<td>=</td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested 15  $200,604

Grant Term

Total Request for Grant Term

$200,604

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: | $53,396 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $53,396 |

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>DCA - HTF dollars</td>
<td>08/20/2019</td>
<td>$11,568</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>United WAy</td>
<td>08/14/2018</td>
<td>$21,457</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Atlanta -...</td>
<td>08/14/2018</td>
<td>$18,466</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Title V Abstinence</td>
<td>08/14/2018</td>
<td>$1,905</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: DCA - HTF dollars
   (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: $11,568

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: United WAy
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/14/2018
6. Value of Written Commitment: $21,457

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: City of Atlanta - CDBG
   (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: 08/14/2018
6. Value of Written Commitment: $18,466

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:
Title V Abstinence
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/14/2018
6. Value of Written Commitment: $1,905
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>$200,604</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>$200,604</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$12,978</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$213,582</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$53,396</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$53,396</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$266,978</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>Families First 501c3</td>
<td>12/14/2013</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: Families First 501c3

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** Shawn Williams  
**Date:** 08/21/2019  
**Title:** Director, Housing Assistance Division  
** Applicant Organization:** Georgia Housing and Finance 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></td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
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</table>

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

Adjustments were needed to 2A, 3B, and 6D to match the GIW, project description, and match requirements.

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>08/13/2019</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>
</tbody>
</table>

Applicant: Georgia Housing & Finance Authority

Project: Families First S+CR

099306029

08/21/2019
<table>
<thead>
<tr>
<th>1D. SF-424 Congressional District(s)</th>
<th>08/13/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/13/2019</td>
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<td>1G. HUD-2880</td>
<td>08/13/2019</td>
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<td>Renewal Expansion</td>
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</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/14/2019</td>
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<tr>
<td>3C. Dedicated Plus</td>
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</tr>
<tr>
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</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/13/2019</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>08/13/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/14/2019</td>
</tr>
</tbody>
</table>
Internal Revenue Service

Date: May 1, 2001

Families First, Inc.
PO Box 7948
Atlanta, GA 30357-0948

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Judy Simonson 31-04016
Customer Service Representative

Toll Free Telephone Number:
8:00 a.m. to 5:30 p.m. EST
877-829-5500

Fax Number:
513-263-3756

Federal Identification Number:
58-1054331

Accounting Period Ends:
June 30

Dear Sir or Madam:

This is in response to your request for a letter affirming your organization's exempt status.

In September 1942 we issued a determination letter that recognized your organization as exempt from federal income tax under section 101(6) of the Internal Revenue Code of 1939 (now section 501(c)(3) of the Internal Revenue Code of 1986). That determination letter is still in effect.

We classified your organization as a publicly supported organization, and not a private foundation, because it is described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code. This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's purposes, character, method of operations, or sources of support have changed, please let us know so we can consider the effect of the change on the organization's exempt status and foundation status.

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.

As of January 1, 1984, your organization is liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more the organization pays to each of its employees during a calendar year. There is no liability 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. If you have any questions about excise, employment, or other federal taxes, please let us know.
Families First, Inc.
58-1054331

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 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.

The law requires you to make your organization’s annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization’s exempt status and foundation status, you should keep it with the permanent records of the organization.

If you have questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

[Signature]

John E. Ricketts, Director, TE/GE
Customer Account Services
Address any reply to: P.O. Box 737, Atlanta, Georgia 30301

Department of the Treasury

District Director
Internal Revenue Service

Date: SEP 25 1973

P.O. Box 737, Atlanta, Georgia 30301

Internal Revenue Service

SEAS 12: 673

Child Service and Family Counseling Center, Inc.
1105 W. Peachtree Street, N.E.
Atlanta, Georgia 30309

Gentlemen:

We have received your request for confirmation of your exemption from Federal income tax.

A ruling was issued on September 1, 1942, wherein we concluded that the Child Welfare Association of Fulton and DeKalb Counties is exempt from Federal income tax under the provisions of section 101(c) of the Internal Revenue Code of 1939 (which corresponds to section 501(c)(3) of the Internal Revenue Code of 1954). This ruling was affirmed by our ruling of December 20, 1951.

Information received disclosed that the name of your organization was changed from Child Welfare Association of Fulton and DeKalb Counties to the Child Service Association, Inc. by court order on December 21, 1951, and then to Children's Center of Metropolitan Atlanta, Inc. by court order dated March 20, 1964. On June 3, 1969, the name was changed by court order to Child Service and Family Counseling Center, Inc.

The tax exempt status granted by our letter of September 1, 1942 and December 20, 1951 remain in full force and effect under the provisions of section 501(c)(3) of the Internal Revenue Code of 1954, and will remain in effect under your present name until terminated, modified or revoked by the Internal Revenue Service.

As shown by the enclosed copy of Form 1024 and the Form 4653 which you submitted, you are not a private foundation because you are an organization described in section 170(b)(1)(A)(vi) of the Code.

Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any change in your name and address.
Thank you for your cooperation.

Sincerely yours,

W. L. Demouch
Exempt Organization Specialist

Encl.: Copy of Form M-0714.
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: 08/21/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: GA0011

   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: Georgia Housing and Finance Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1222605

c. Organizational DUNS: 099306029 PLUS 4

d. Address
   Street 1: 60 Executive Park South, NE
   City: atlanta
   County: Dekalb
   State: Georgia
   Country: United States
   Zip / Postal Code: 30329

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

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
   First Name: David
   Middle Name:
   Last Name: Whisnant
   Suffix:
   Title: Director, OHSNH
   Organizational Affiliation: Georgia Housing and Finance Authority
   Telephone Number: (404) 679-0660
Extension:
Fax Number: (770) 359-3806
Email: David.Whisnant@dca.ga.gov
1C. SF-424 Application Details

9. Type of Applicant: A. State 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): Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Families First S+CR_C

16. Congressional District(s):
   (for multiple selections hold CTRL key)
   b. Project: GA-005
   (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: 

21. Authorized Representative

Prefix: Ms.
First Name: Shawn
Middle Name:
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
Fax Number: (404) 679-4837
Email: shawn.williams@dca.ga.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/21/2019
Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Georgia Housing and Finance Authority
   Prefix: Ms.
   First Name: Shawn
   Middle Name:
   Last Name: Williams
   Suffix:
   Title: Director, Housing Assistance Division
   Organizational Affiliation: Georgia Housing and Finance Authority
   Telephone Number: (404) 679-0621
   Extension:
   Email: shawn.williams@dca.ga.gov
   City: atlanta
   County: Dekalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30329

2. Employer ID Number (EIN): 58-1222605
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance
   Requested/Received: $465,582.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Families First S+CR_C 60 Executive Park South, NE Atlanta Georgia

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>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$550,000.00</td>
<td>Shelter Plus Care Support Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>600000.00</td>
<td>Shelter Plus Care Harm Reduction Case Management Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$47,294.00</td>
<td>Coordinated Entry</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$100,000.00</td>
<td>HMIS</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

Renewal Project Application FY2019 Page 10 08/21/2019
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: Shawn Williams, Director, Housing Assistance Division

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

Date Signed: 08/21/2019
# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Georgia Housing and Finance 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>Certification and Agreement</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 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: Shawn
Middle Name
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division
Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov
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 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: Georgia Housing and Finance Authority

Name / Title of Authorized Official: Shawn Williams, Director, Housing Assistance Division

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

Date Signed: 08/21/2019
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: Georgia Housing and Finance Authority
Street 1: 60 Executive Park South, NE
Street 2: 
City: atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30329

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: Shawn

Last Name: Williams

Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621

Fax Number: (404) 679-4837

Email: shawn.williams@dca.ga.gov

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? No

   Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

   delay in HUD execution of contract; draws were consistently made following execution of contract.

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? Yes
   If "No" click on "Next" or "Save & Next" below to move to the next screen.

2. Is this an individual project application or a fully consolidated project application? Fully Consolidated

Renewal Grant Consolidation Table

<table>
<thead>
<tr>
<th>Project Identification Number</th>
<th>Total Requested Amount</th>
<th>Surviving PIN or Terminating PIN</th>
<th>Operating Start Date</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GA0011</td>
<td>$213,582</td>
<td>Surviving PIN</td>
<td>04/01/2019</td>
<td>03/31/2020</td>
</tr>
<tr>
<td>GA0130</td>
<td>$252,000</td>
<td>Terminating PIN</td>
<td>12/01/2019</td>
<td>11/30/2020</td>
</tr>
</tbody>
</table>

*The surviving PIN must have the earliest operating start date. All Expiration Dates will be set to 2020.

Renewal Grant Consolidation Summary

| Total Number of Grants in Consolidation | 2 |
| Total Requested Amount in Consolidation | $465,582 |

I hereby confirm that I have reviewed the accuracy and submitted all the renewal project applications related to this consolidation request into esnaps. [X]

Click on “Save & Next” to continue completing the remainder of this

Renewal Project Application FY2019 | Page 21 | 08/21/2019
project application combining all the project application data for all the projects listed above into a single fully consolidated project application.
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: $465,582

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families First</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$465,582</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Families First

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 58-1054331

d. Organizational DUNS: 040680449

 e. Physical Address
   Street 1: 1371 Kimberly Way SW
   City: Atlanta
   State: Georgia
   Zip Code: 30331

f. Congressional District(s): GA-005
   (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: $465,582

j. Contact Person
   Prefix: Dr.
   First Name: MiShawna
   Middle Name: 
   Last Name: Moore
Suffix:  
Title: Chief Program Officer  
E-mail Address: mishawna.moore@familiesfirst.org  
Confirm E-mail Address: mishawna.moore@familiesfirst.org  
Phone Number: 404-853-2819  
Extension: 
Fax Number: 

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: GA0011
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Families First S+CR_C

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.

Each year, Georgia Housing and Finance Authority (GFHA) is awarded HUD funding through Atlanta CoC. Families First is a sub-recipient of GHFA and complies with all monitoring, fund reimbursement policies, and housing quality standards as well as the Housing First model. With the funding provided to Families First, they operate Shelter-A-Family (SAF) I and II which is a permanent, supportive housing program that combines federal rental assistance with comprehensive supportive services for person with children who have experienced long-term homelessness and suffers with a disability such as severe mental illness, chronic substance abuse, dual diagnosis, and/or an HIV/AIDS related illness. The consolidated grants will provide services for 39 families in HUD-assisted apartment units located in Atlanta at Ashley Court Apartment Homes. Families are referred by local drug and alcohol treatment programs, mental health facilities, emergency shelters, the county and state child welfare agency, and clinics and hospitals through the coordinated entry case conferencing with Atlanta CoC.

The Shelter-A-Family program objectives are to provide clients with accessible and intensive individual, family and group mental health counseling and substance abuse treatment services, case management and linkages to community services and resources that will enable them to become economically independent and self-sufficient.

The primary desired outcomes are:
• 85% of clients will remain in safe and stable housing for at least 12 months
• 55% of clients will receive disability or entitlement benefits
• 20% of clients will be employed

Families are assisted with critical services including transportation, childcare, financial literacy, GED preparation and job training. Participant goal attainment is measured every 90 days and aftercare follow-up is tracked at 30, 90 and 180 days. This increases participants’ access to services and improves opportunities to achieve successful outcomes such as increased income and improved parenting.

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>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Applicant: Georgia Housing & Finance Authority  
Project: Families First S+CR_C  
Renewal Project Application FY2019  
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08/21/2019
### 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
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.

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>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Daily</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>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>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>Weekly</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>Weekly</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>Daily</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 | Yes | Yes | Yes | Yes | 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. 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: 32
Total Beds: 76
Total Dedicated CH Beds: 76

<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>32</td>
<td>76</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: 32
   b. Beds: 76

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   76
   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 home 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: 2788 Defoors Ferry Road
   Street 2:
       City: Atlanta
       State: Georgia
       ZIP Code: 30318

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
## 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>Adults over age 24</td>
<td>30</td>
<td>0</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>44</td>
<td>0</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>76</td>
<td>0</td>
<td>0</td>
<td>76</td>
</tr>
<tr>
<td>Total Persons</td>
<td>76</td>
<td>0</td>
<td>0</td>
<td>76</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>30</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>9</td>
<td>28</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Persons ages 18-24</td>
<td>2</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>32</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>9</td>
<td>30</td>
<td>6</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>
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<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>
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<td>0</td>
<td>0</td>
<td>0</td>
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<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>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

children without special needs that are in the HH with a homeless disabled adult
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>SRA</td>
<td>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>32</td>
<td>$440,976</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $440,976
Total Units: 32
### Rental Assistance Budget Detail

**Type of Rental Assistance:** SRA

**Metropolitan or non-metropolitan fair market rent area:**

- GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

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>$655</td>
<td>$655</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$873</td>
<td>$873</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$898</td>
<td>$898</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>20 x</td>
<td>$1,031</td>
<td>$1,031</td>
<td>x 12</td>
<td>$247,440</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>12 x</td>
<td>$1,344</td>
<td>$1,344</td>
<td>x 12</td>
<td>$193,536</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>$1,651</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>$1,899</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>$2,146</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>$2,394</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>$2,642</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>$2,889</td>
<td>x 12</td>
<td></td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 32

**Grant Term:** 1 Year

**Total Request for Grant Term:** $440,976

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: | $116,396 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $116,396 |

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>DCA - HTF dollars</td>
<td>08/20/2019</td>
<td>$15,788</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>United WAy</td>
<td>08/21/2019</td>
<td>$21,457</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Atlanta -...</td>
<td>08/21/2019</td>
<td>$18,466</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Title V Abstinence</td>
<td>08/21/2019</td>
<td>$1,905</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Kaiser</td>
<td>08/21/2019</td>
<td>$25,813</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>PNC Grant</td>
<td>08/21/2019</td>
<td>$15,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Rich FOundation</td>
<td>08/21/2019</td>
<td>$17,967</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:  DCA - HTF dollars
   (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:  $15,788

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:  United WAy
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  08/21/2019
6. Value of Written Commitment:  $21,457

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:  City of Atlanta - CDBG
   (Be as specific as possible and include the

 Applicant: Georgia Housing & Finance Authority  099306029
 Project: Families First S+CR_C  178687

Renewal Project Application FY2019  Page 40  08/21/2019
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: Title V Abstinence
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $1,905

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: Kaiser
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $25,813
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:  PNC Grant
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment:  08/21/2019

6. Value of Written Commitment:  $15,000

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:  Rich FOurndation
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment:  08/21/2019

6. Value of Written Commitment:  $17,967
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>$440,976</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>$440,976</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$24,606</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$465,582</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$116,396</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$116,396</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$581,978</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>Families First 501c3</td>
<td>12/14/2013</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: Families First 501c3

Attachment Details

Document Description:

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.

**Name of Authorized Certifying Official**  Shawn Williams

**Date:** 08/21/2019  
**Title:** Director, Housing Assistance Division

**Applicant Organization:** Georgia Housing and Finance 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>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></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>X</td>
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</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></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 sections listed above were modified due to the grant 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>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/21/2019</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>
</tbody>
</table>

**Applicant:** Georgia Housing & Finance Authority  
**Project:** Families First S+CR_C  
**Renewal Project Application FY2019**
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D.</td>
<td>SF-424 Congressional District(s)</td>
</tr>
<tr>
<td>1E.</td>
<td>SF-424 Compliance</td>
</tr>
<tr>
<td>1F.</td>
<td>SF-424 Declaration</td>
</tr>
<tr>
<td>1G.</td>
<td>HUD-2880</td>
</tr>
<tr>
<td>1H.</td>
<td>HUD-50070</td>
</tr>
<tr>
<td>1I.</td>
<td>Cert. Lobbying</td>
</tr>
<tr>
<td>1J.</td>
<td>SF-LLL</td>
</tr>
<tr>
<td>2A.</td>
<td>Subrecipients</td>
</tr>
<tr>
<td>3A.</td>
<td>Project Detail</td>
</tr>
<tr>
<td>3B.</td>
<td>Description</td>
</tr>
<tr>
<td>3C.</td>
<td>Dedicated Plus</td>
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<tr>
<td>4A.</td>
<td>Services</td>
</tr>
<tr>
<td>4B.</td>
<td>Housing Type</td>
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<tr>
<td>5A.</td>
<td>Households</td>
</tr>
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<td>5B.</td>
<td>Subpopulations</td>
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<tr>
<td>6A.</td>
<td>Funding Request</td>
</tr>
<tr>
<td>6C.</td>
<td>Rental Assistance</td>
</tr>
<tr>
<td>6D.</td>
<td>Match</td>
</tr>
<tr>
<td>6E.</td>
<td>Summary Budget</td>
</tr>
<tr>
<td>7A.</td>
<td>Attachment(s)</td>
</tr>
<tr>
<td>7B.</td>
<td>Certification</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>

**Applicant:** Georgia Housing & Finance Authority  
**Project:** Families First S+CR_C

08/21/2019
Dear Sir or Madam:

This is in response to your request for a letter affirming your organization's exempt status.

In September 1942 we issued a determination letter that recognized your organization as exempt from federal income tax under section 101(6) of the Internal Revenue Code of 1939 (now section 501(c)(3) of the Internal Revenue Code of 1986). That determination letter is still in effect.

We classified your organization as a publicly supported organization, and not a private foundation, because it is described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code. This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's purposes, character, method of operations, or sources of support have changed, please let us know so we can consider the effect of the change on the organization's exempt status and foundation status.

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.

As of January 1, 1984, your organization is liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more the organization pays to each of its employees during a calendar year. There is no liability 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. If you have any questions about excise, employment, or other federal taxes, please let us know.
Families First, Inc.
58-1054331

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 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.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the permanent records of the organization.

If you have questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

[Signature]

John E. Ricketts, Director, TE/GE
Customer Account Services
Gentlemen:

We have received your request for confirmation of your exemption from Federal income tax.

A ruling was issued on September 1, 1942, wherein we concluded that the Child Welfare Association of Fulton and DeKalb Counties is exempt from Federal income tax under the provisions of section 101(c) of the Internal Revenue Code of 1939 (which corresponds to section 501(c)(3) of the Internal Revenue Code of 1954). This ruling was affirmed by our ruling of December 20, 1951.

Information received disclosed that the name of your organization was changed from Child Welfare Association of Fulton and DeKalb Counties to the Child Service Association, Inc. by court order on December 21, 1951, and then to Children's Center of Metropolitan Atlanta, Inc. by court order dated March 20, 1964. On June 3, 1969, the name was changed by court order to Child Service and Family Counseling Center, Inc.

The tax exempt status granted by our letter of September 1, 1942 and December 20, 1951 remain in full force and effect under the provisions of section 501(c)(3) of the Internal Revenue Code of 1954, and will remain in effect under your present name until terminated, modified or revoked by the Internal Revenue Service.

As shown by the enclosed copy of Form M-0714 and the Form 4653 which you submitted you are not a private foundation because you are an organization described in section 170(b)(1)(A)(vi) of the Code.

Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any change in your name and address.
Thank you for your cooperation.

Sincerely yours,

W. L. Worsham
Exempt Organization Specialist

Encl.: Copy of Form M-0714.
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: GA0187

   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: Georgia Housing and Finance Authority
b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1222605

c. Organizational DUNS: 099306029

| 099306029 | PLUS 4 |

d. Address
Street 1: 60 Executive Park South, NE
City: atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30329

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

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Mr.
First Name: David
Middle Name: 
Last Name: Whisnant
Suffix: 
Title: Director, OHSNH
Organizational Affiliation: Georgia Housing and Finance Authority
Telephone Number: (404) 679-0660
Extension:
Fax Number: (770) 359-3806
Email: David.Whisnant@dca.ga.gov
1C. SF-424 Application Details

9. Type of Applicant:  A. State 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):
   Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:
   Georgia Rehabilitation Outreach S+CR

16. Congressional District(s):
   a. Applicant:
   (for multiple selections hold CTRL key)
   b. Project:
      GA-005
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 05/01/2020
   b. End Date: 04/30/2021

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: Shawn
Middle Name:
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov

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: Georgia Housing and Finance Authority
   Prefix: Ms.
   First Name: Shawn
   Middle Name: 
   Last Name: Williams
   Suffix: 
   Title: Director, Housing Assistance Division
   Organizational Affiliation: Georgia Housing and Finance Authority
   Telephone Number: (404) 679-0621
   Extension: 
   Email: shawn.williams@dca.ga.gov
   City: atlanta
   County: Dekalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30329

2. Employer ID Number (EIN): 58-1222605

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $236,134.00

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

Georgia Rehabilitation Outreach S+CR 60 Executive Park South, NE Atlanta, GA 30329

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>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$550,000.00</td>
<td>Shelter Plus Care Support Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>600000.0</td>
<td>Shelter Plus Care Harm Reduction Case Management Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$47,294.00</td>
<td>Coordinated Entry</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$100,000.00</td>
<td>HMIS</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

Renewal Project Application FY2019   Page 10   08/21/2019
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: Shawn Williams, Director, Housing Assistance Division

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: Georgia Housing and Finance 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:

- 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.
- 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.
- 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.;
- 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;
- 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;
- 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;
- 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.  

[Signature]

Applicant: Georgia Housing & Finance Authority

Project: Georgia Rehabilitation Outreach S+CR

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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: Ms.
First Name: Shawn
Middle Name: 
Last Name: Williams
Suffix: 
Title: Director, Housing Assistance Division
Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov

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 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: Georgia Housing and Finance Authority

Name / Title of Authorized Official: Shawn Williams, Director, Housing Assistance Division

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

Date Signed: 08/21/2019
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: Georgia Housing and Finance Authority
Street 1: 60 Executive Park South, NE
Street 2:
City: atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30329

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 08/21/2019
Authorized Representative

Prefix: Ms.
First Name: Shawn
Middle Name: 
Last Name: Williams
Suffix: 
Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)

Email: shawn.williams@dca.ga.gov

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?  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 had to relocate multiple units in previous years resulting in unspent funds. This project is now overserving and is projected to spend all 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 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? *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 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:** $236,134

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia Rehabilitation Outreach (GRO)</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$236,134</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Georgia Rehabilitation Outreach (GRO)

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 58-2379911

d. Organizational DUNS: 099306029

 e. Physical Address
   Street 1: 1777 Washing Rd
   Street 2:  
   City: East Point
   State: Georgia
   Zip Code: 30344

f. Congressional District(s): GA-005
   (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: $236,134

j. Contact Person
   Prefix: Ms.
   First Name: Brenda
   Middle Name: 
   Last Name: Bell

Applicant: Georgia Housing & Finance Authority
Project: Georgia Rehabilitation Outreach S+CR

099306029
171945

Renewal Project Application FY2019 Page 23 08/21/2019
Suffix:
  Title: Chief Operating Officer
  E-mail Address: bbell@groga.org
  Confirm E-mail Address: bbell@groga.org
  Phone Number: 404-892-0998
  Extension:
  Fax Number:

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: GA0187
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Georgia Rehabilitation Outreach S+CR

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.

Georgia Rehabilitation Outreach's S+C program is designed in response to HUD's goal to end/prevent homelessness by providing permanent supportive housing to the CoC target population of 45 individuals diagnosed with serious persistent mental illness and chronic homelessness. The program offers safe, decent, sanitary, affordable housing consisting of 24 apartments (20/2 bedroom & 4/1 bedroom) located in Atlanta, Fulton County. This project is over serving. The program implements the housing first & Coc models in collaboration/coordination with other outreach, support & referral agencies, such as, Hope Atlanta, Odyssey III, St. Jude, Mercy Care and Gateway Center. Together, we are committed to the goal to end/prevent homelessness within the target population. Specific outcomes of GRO's S+C program are: 1) 86% or more persons served will remain in housing at least 181 days; 2) 56% or more will receive mainstream benefits within 181 days; 3) 22% or more will be employed (traditional/non-traditional) within 181 days. To achieve these outcomes, the staff of seasoned clinical & paraprofessionals provide frequent psychosocial rehabilitative empowerment interventions with the persons in their homes. These interventions are individualized for each person based on his/her presenting risk factors, clinical presentation, bio-psychosocial history, and most importantly, short/long-term goals identified by the person served. Wrap around support services include education & training that promote the value of self-help, information about mental health and coping skills, social skills; community integration and resources, vocational rehabilitation to foster self-determination & employment, training in daily living skills, money management, linkage to transportation, medication management, conflict resolution, housekeeping, etc. GRO's approach to ending/preventing homelessness is to address causal factors, involving a variety of underlying, unmet needs — mental, physical, economic and social. Essential to the success of the program is to provide the basic human need of shelter while addressing underlying or unmet needs. The S+C program overarches GRO's mission to provide community-based, recovery focused support to the “hard to reach” in Georgia. Persons served may participate in S+C while receiving integrated services provided by GRO & other agencies, such as Assertive Community Treatment, Peer Support, Outpatient Treatment, etc. to rapidly address their achievement of community tenure and self-sufficiency.

Georgia Housing and Finance Authority is the grantee; Georgia Rehabilitation Outreach Inc is the sponsor agency / subrecipient.
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></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

An “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

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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>Subrecipient</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</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>Subrecipient</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>Subrecipient</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>Subrecipient</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

<table>
<thead>
<tr>
<th>Project: Georgia Rehabilitation Outreach S+CR</th>
<th>Applicant: Georgia Housing &amp; Finance Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 30</td>
</tr>
</tbody>
</table>

| 099306029                                     | 171945                                       |
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: 18
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>Scattered-site apartments (...)</td>
<td>---</td>
<td>18</td>
<td>36</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: 18
   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: 1940 Fisher Rd SE
   Street 2: 
   City: Atlanta
   State: Georgia
   ZIP Code: 30315

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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></td>
<td></td>
<td></td>
<td>36</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>36</td>
<td></td>
<td>36</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>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>36</td>
<td>0</td>
<td>36</td>
</tr>
</tbody>
</table>

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

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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></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>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>36</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>36</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>36</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>36</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>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>
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>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>18</td>
<td>$222,696</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $222,696
Total Units: 18
Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

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>$655</td>
<td>$655</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$873</td>
<td>$873</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$898</td>
<td>$898</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>18</td>
<td>$1,031</td>
<td>$1,031</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,344</td>
<td>$1,344</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>$1,651</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>$1,899</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>$2,146</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>$2,394</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>$2,642</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>$2,889</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>18</strong></td>
<td></td>
<td></td>
<td></td>
<td>$222,696</td>
</tr>
</tbody>
</table>

Grant Term

Total Request for Grant Term $222,696

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>$59,034</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$59,034</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>DBHDD</td>
<td>08/15/2019</td>
<td>$59,034</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:  DBHDD
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment:  08/15/2019

6. Value of Written Commitment:  $59,034
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>$222,696</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>$222,696</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$13,438</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$236,134</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$59,034</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$59,034</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$295,168</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>GRO 501c3</td>
<td>12/20/2013</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: GRO 501c3

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** Shawn Williams

**Date:** 08/21/2019

**Title:** Director, Housing Assistance Division

**Applicant Organization:** Georgia Housing and Finance 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>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></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>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></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):

2a - update amount

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>08/15/2019</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>
</tbody>
</table>

Applicant: Georgia Housing & Finance Authority
Project: Georgia Rehabilitation Outreach S+CR
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/19/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/19/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/15/2019</td>
</tr>
</tbody>
</table>
Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)
GEORGIA REHABILITATION OUTREACH INC

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

[Signature]

Lois G. Lerner
Director, Exempt Organizations
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: 08/21/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: GA0131
      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: Georgia Housing and Finance Authority

b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1222605

c. Organizational DUNS: 099306029

PLUS 4

d. Address
Street 1: 60 Executive Park South, NE
Street 2: 
City: atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30329

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

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Mr.
First Name: David
Middle Name: 
Last Name: Whisnant
Suffix: 
Title: Director, OHSNH
Organizational Affiliation: Georgia Housing and Finance Authority
Telephone Number: (404) 679-0660
Extension:
Fax Number: (770) 359-3806
Email: David.Whisnant@dca.ga.gov
1C. SF-424 Application Details

9. Type of Applicant:  A. State 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): Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Phoenix House S+CR

16. Congressional District(s):
   (for multiple selections hold CTRL key)
   b. Project: GA-005
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 08/01/2020
   b. End Date: 07/31/2021

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:  Shawn
Middle Name:  
Last Name:  Williams
Suffix:  
Title:  Director, Housing Assistance Division
Telephone Number:  (404) 679-0621
(Format: 123-456-7890)
Fax Number:  (404) 679-4837
(Format: 123-456-7890)
Email:  shawn.williams@dca.ga.gov
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/21/2019
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: Georgia Housing and Finance Authority
Prefix: Ms.
First Name: Shawn
Middle Name: 
Last Name: Williams
Suffix: 
Title: Director, Housing Assistance Division
Organizational Affiliation: Georgia Housing and Finance Authority
Telephone Number: (404) 679-0621
Extension: 
Email: shawn.williams@dca.ga.gov
City: atlanta
County: Dekalb
State: Georgia
Country: United States
Zip/Postal Code: 30329

2. Employer ID Number (EIN): 58-1222605

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $245,631.00

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

Phoenix House S+CR 60 Executive Park South, NE Atlanta Georgia

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>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$550,000.00</td>
<td>Shelter Plus Care Support Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$600000.00</td>
<td>Shelter Plus Care Harm Reduction Case Management Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$47,294.00</td>
<td>Coordinated Entry</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$100,000.00</td>
<td>HMIS</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: Shawn Williams, Director, Housing Assistance Division

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: Georgia Housing and Finance 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 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

[Signature]
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: Shawn
Middle Name
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)

Fax Number: (404) 679-4837
(Format: 123-456-7890)

Email: shawn.williams@dca.ga.gov

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 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: Georgia Housing and Finance Authority

Name / Title of Authorized Official: Shawn Williams, Director, Housing Assistance Division

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

Date Signed: 08/21/2019
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: Georgia Housing and Finance Authority
Street 1: 60 Executive Park South, NE
Street 2:
City: atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30329

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: Georgia Housing & Finance Authority
Project: Phoenix House S+CR

Renewal Project Application FY2019 Page 16 08/21/2019
Authorized Representative

Prefix: Ms.
First Name: Shawn
Middle Name: 
Last Name: Williams

Suffix: 
Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)

Fax Number: (404) 679-4837
(Format: 123-456-7890)

Email: shawn.williams@dca.ga.gov

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 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?  
   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 operated at full capacity and due to a FMR increase has more funds available.
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
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:** $245,631

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Interconnections Inc.</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$245,631</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Project Interconnections Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 58-2179927

d. Organizational DUNS: 967910712

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>PLUS 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>e. Physical Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street 1: 2198 Dresden Drive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street 2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City: Chamblee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State: Georgia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code: 30341</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

f. Congressional District(s): GA-005

(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: $245,631

j. Contact Person

Prefix: Ms.
First Name: Darlene
Middle Name: 
Last Name: Schultz
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: GA0131
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Phoenix House S+CR

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.

Phoenix House is located outside of Downtown Atlanta near the Oakland City MARTA Station. The apartments provide 45 beds, in a mix of efficiencies and 4 bedrooms, through affordable, long-term permanent supportive housing for adults who are homeless and have highly service dependent mental illness. This property fills a critical gap between institutions and group homes, by providing independent living within a highly supportive environment. Phoenix House apartments are grouped around two renovated Victorian homes. The larger historic antebellum style home has been renovated for use by the 24-hour staff. The other small historic facility serves as a meeting and recreation area for residents. The campus style community has a large community patio, on site laundry facilities, community room and security. Supportive services include meal assistance, medication monitoring, transportation assistance, and assistance with daily living skills. Phoenix House works closely with our newly hired Harm Reduction case manager to provide supports to residents who are facing housing stability issues as well as income acquisition issues. PII has had housing stability rates over 90% for the past five years and has identified how to turnaround our income acquisition issues for residents to increase our numbers above the 50% level HUD requires.

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>X</td>
<td></td>
<td>X</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>
<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>Item</th>
<th>Yes</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</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.
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>Partner</td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td></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>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</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

| Project: Phoenix House S+CR                       | 099306029 | 171979 |
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>Clustered apartments</td>
<td>---</td>
<td>22</td>
<td>22</td>
</tr>
</tbody>
</table>

Total Units: 22
Total Beds: 22
Total Dedicated CH Beds: 22
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:  22
   b. Beds:  22

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 22
   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:  1296 Murphy Avenue
   Street 2:  
   City:  Atlanta
   State:  Georgia
   ZIP Code:  30310

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>22</td>
<td>0</td>
<td>22</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>22</td>
<td>0</td>
<td>22</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>22</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>22</td>
<td>0</td>
<td>22</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 Non-Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severe 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>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>22</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></td>
<td></td>
<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>
</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>

### 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 Non-Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severe 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>22</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>1</td>
<td>22</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>22</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>1</td>
<td>22</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 Non-Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severe 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>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></td>
<td></td>
<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>
</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?  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>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>22</td>
<td>$231,372</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $231,372
Total Units: 22
### Rental Assistance Budget Detail

**Type of Rental Assistance:** SRA

**Metropolitan or non-metropolitan fair market rent area:** GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

**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>$655</td>
<td>$655</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>19</td>
<td>$873</td>
<td>$873</td>
<td>x 12</td>
<td>$199,044</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>3</td>
<td>$898</td>
<td>$898</td>
<td>x 12</td>
<td>$32,328</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,031</td>
<td>$1,031</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,344</td>
<td>$1,344</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>$1,651</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>$1,899</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>$2,146</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>$2,394</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>$2,642</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>$2,889</td>
<td>x 12</td>
<td></td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 22

**Grant Term:** 1 Year

**Total Request for Grant Term:** $231,372

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: | $61,408 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $61,408 |

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>Project Interconn...</td>
<td>08/15/2019</td>
<td>$61,408</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: Project Interconnections
   (Be as specific as possible and include the office or grant program as applicable)
   5. Date of Written Commitment: 08/15/2019
   6. Value of Written Commitment: $61,408
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>$231,372</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>$231,372</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$14,259</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$245,631</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$61,408</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$61,408</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$307,039</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>501C3</td>
<td>12/12/2013</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: 501C3

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**  Shawn Williams

**Date:**  08/21/2019

**Title:**  Director, Housing Assistance Division

**Applicant Organization:**  Georgia Housing and Finance Authority
Applicant: Georgia Housing & Finance Authority

Project: Phoenix House S+CR

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>
<tr>
<td>X</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>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>6C. Rental Assistance</td>
</tr>
<tr>
<td>6D. Match</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):

2a - update amount

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>08/15/2019</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>
</tbody>
</table>

Renewal Project Application FY2019  Page 48  08/21/2019
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/15/2019</td>
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<tr>
<td>1E. SF-424 Compliance</td>
<td>08/15/2019</td>
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<tr>
<td>1F. SF-424 Declaration</td>
<td>08/15/2019</td>
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<tr>
<td>1G. HUD-2880</td>
<td>08/15/2019</td>
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<td>1H. HUD-50070</td>
<td>08/15/2019</td>
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<tr>
<td>1I. Cert. Lobbying</td>
<td>08/15/2019</td>
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<td>1J. SF-LLL</td>
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<tr>
<td>Recipient Performance</td>
<td>08/15/2019</td>
<td></td>
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<tr>
<td>Renewal Expansion</td>
<td>08/15/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/15/2019</td>
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<tr>
<td>2A. Subrecipients</td>
<td>08/15/2019</td>
<td></td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/15/2019</td>
<td></td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/15/2019</td>
<td></td>
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<tr>
<td>3C. Dedicated Plus</td>
<td>08/15/2019</td>
<td></td>
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<tr>
<td>4A. Services</td>
<td>08/15/2019</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/15/2019</td>
<td></td>
</tr>
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<td>5A. Households</td>
<td>08/15/2019</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
<td></td>
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<tr>
<td>6A. Funding Request</td>
<td>08/15/2019</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/15/2019</td>
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<tr>
<td>6D. Match</td>
<td>08/15/2019</td>
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<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
<td></td>
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<tr>
<td>7A. Attachment(s)</td>
<td>08/15/2019</td>
<td></td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/20/2019</td>
<td></td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/15/2019</td>
<td></td>
</tr>
</tbody>
</table>
Dear Applicant

Based on information supplied, and assuming your operations will be as
stated in your application for recognition of exemption, we have determined you
are exempt from Federal income tax under section 501(c)(3) of the Internal
Revenue Code.

Because you are a newly created organization, we are not now making a
final determination of your foundation status under section 509(a) of the Code.
However, we have determined that you can reasonably be expected to be a publicly
supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization,
and not as a private foundation, during an advance ruling period. This
advance ruling period begins on the date of your inception and ends on the
date shown above.

Within 90 days after the end of your advance ruling period, you must
submit to us information needed to determine whether you have met the require-
ments of the applicable support test during the advance ruling period. If you
establish that you have been a publicly supported organizations you will be
classified as a section 509(a)(1) or 509(a)(2) organization as long as you con-
tinue to meet the requirements of the applicable support test. If you do not
meet the public support requirements during the advance ruling period, you will
be classified as a private foundation for future periods. Also, if you are
classified as a private foundation, you will be treated as a private foundation
from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and contributors may rely on the determination that you are not a
private foundation until 90 days after the end of your advance ruling period.
If you submit the required information within the 90 days, grantors and contri-
butors may continue to rely on the advance determination until the Service
takes a final determination of your foundation status.

If notice that you will no longer be treated as a publicly supported or-
organization is published in the Internal Revenue Bulletin; grantees and contributors may not rely on this determination after the date of such publication. In addition, if you lose your status as a publicly supported organization and grantor or contributor was responsible for, or was aware of, the act or failure to act that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that the Service had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date such knowledge was acquired.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name and address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are 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, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Requests, legacies, devises, transfers, or gifts to you or for your 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.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your 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 your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that
PROJECT INTERCONNECTIONS INC

number on all returns you file and in all correspondence with the Internal Revenue Service.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

[Signature]

Paul Williams
District Director

Letter 1045 (DD/CG)
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: 08/21/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: GA0244

   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: Georgia Housing and Finance Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1222605

   c. Organizational DUNS: 099306029 PLUS 4

   d. Address
      Street 1: 60 Executive Park South, NE
      City: atlanta
      County: Dekalb
      State: Georgia
      Country: United States
      Zip / Postal Code: 30329

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

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: David
      Middle Name:
      Last Name: Whisnant
      Suffix: 
      Title: Director, OHSNH
      Organizational Affiliation: Georgia Housing and Finance Authority
      Telephone Number: (404) 679-0660
Extension:

Fax Number: (770) 359-3806

Email: David.Whisnant@dca.ga.gov
1C. SF-424 Application Details

9. Type of Applicant: A. State 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): Georgia
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Quest 35 S+CR

16. Congressional District(s):
   (for multiple selections hold CTRL key)
   b. Project: GA-005
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 05/01/2020
   b. End Date: 04/30/2021

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:
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:  Shawn
Middle Name:  
Last Name:  Williams
Suffix:  
Title:  Director, Housing Assistance Division
Telephone Number:  (404) 679-0621
(Format: 123-456-7890)
Fax Number:  (404) 679-4837
(Format: 123-456-7890)
Email:  shawn.williams@dca.ga.gov

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: Georgia Housing and Finance Authority
Prefix: Ms.
First Name: Shawn
Middle Name:
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division
Organizational Affiliation: Georgia Housing and Finance Authority
Telephone Number: (404) 679-0621
Extension:
Email: shawn.williams@dca.ga.gov
City: atlanta
County: Dekalb
State: Georgia
Country: United States
Zip/Postal Code: 30329

2. Employer ID Number (EIN): 58-1222605
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance
   Requested/Received: $323,272.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Quest 35 S+CR 60 Executive Park South, NE Atlanta Georgia

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>
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</thead>
<tbody>
<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$550,000.00</td>
<td>Shelter Plus Care Support Services</td>
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<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>600000.00</td>
<td>Shelter Plus Care Harm Reduction Case Management Services</td>
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<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$47,294.00</td>
<td>Coordinated Entry</td>
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<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$100,000.00</td>
<td>HMIS</td>
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</tbody>
</table>

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**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 interested parties.
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:** Shawn Williams, Director, Housing Assistance Division

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

**Date Signed:** 08/15/2019
Applicant Name: Georgia Housing and Finance 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. 

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: Shawn
Middle Name
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)

Fax Number: (404) 679-4837
(Format: 123-456-7890)

Email: shawn.williams@dca.ga.gov

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 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: Georgia Housing and Finance Authority

Name / Title of Authorized Official: Shawn Williams, Director, Housing Assistance Division

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

Date Signed: 08/21/2019
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: Georgia Housing and Finance Authority
Street 1: 60 Executive Park South, NE
Street 2: 
City: atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30329

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:  Shawn
Middle Name:  
Last Name:  Williams
Suffix:  
Title:  Director, Housing Assistance Division

Telephone Number:  (404) 679-0621
(Format: 123-456-7890)

Fax Number:  (404) 679-4837
(Format: 123-456-7890)

Email:  shawn.williams@dca.ga.gov

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 esnaps 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? No

   Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.
   
   delay in HUD execution of contract; draws were consistently made following execution of contract.

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
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 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: $323,272

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quest 35</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$323,272</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name:  Quest 35

b. Organization Type:  M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number:  58-2634738

d. Organizational DUNS:  089586650

- d. Organizational DUNS:  PLUS 4

- e. Physical Address
  - Street 1:  878 Rock St NW
  - Street 2:  
    - City:  Atlanta
    - State:  Georgia
    - Zip Code:  30314

- f. Congressional District(s):  GA-005
  (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:  $323,272

- j. Contact Person
  - Prefix:  Mr.
  - First Name:  Leonard
  - Middle Name:  
  - Last Name:  Adams
Suffix:  
Title:  President  
E-mail Address:  LAdams@questcommunities.org  
Confirm E-mail Address:  LAdams@questcommunities.org  
Phone Number:  678-705-5318  
Extension:  
Fax Number:  

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: GA0244
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Quest 35 S+CR

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.

In a continuous effort to end homelessness, Quest requests the renewal of our S+C grant to provide (29 units/32 beds) of affordable permanent supportive housing and assist chronically homeless individuals moving to self-sufficiency and maintaining long-term sustainability that came from emergency shelters or other places not meant for human habitat. The essential supportive services will consist of case management/assessment, good housekeeping, connection to offsite job training and preparation, vocational skills development, and educational enhancements. Consumers will also be assisted in obtaining SSI/SSDI benefits through SOAR trained case managers as well as referred to local department of human resource offices for Food Stamps and/or General Assistance, community resources linkage (SA/MH services) and financial management payee services.

Participants will work closely with case manager to develop a comprehensive individual service plan to focus on individual specific needs and goals of the resident. For 15 years Quest has been committed to its mission to develop and implement affordable supportive housing communities that service the special need homeless and/or low income populations. Our current core housing programs Mid Term (Transitional) & Long Term (Permanent).

Quest is designated as a CHDO by the State of Georgia and City of Atlanta, having completed the HUD CHDO certification program. The Commission on Accreditation of Rehabilitation Facilities, International (CARF), accredits Quest supportive housing programs and social services. The mission of CARF is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served.

Quest housing communities addresses the needs and answers the call, the community has been voicing on Affordable Housing, Jobs and Coordinated Job Placements, Additional Skills Training, Higher Educational Levels and Access to Community Health Services. We have strategically targeted these particular core areas and have collaborated with multiple service providers to offer wraparound support such as: St. Joseph’s Mercy Care Services for Behavioral Health, Atlanta Public Schools for Education, Westside Works and The Urban League of Greater Atlanta for Workforce Development, and Marta for Transportation.
Lastly, we strongly believe in outcomes measurements. Our housing goals are for new move-in residents to maintain housing at a minimum of 12 consecutive months. To be accessed for benefits eligibility and linked to resources within 60 days upon move in. For all residents to explore income streams that each is eligible such as SSI, SSDI, VA and General Assistance.

Georgia Housing and Finance Authority is the grantee; Quest is the sponsor agency / subrecipient.

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>

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></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>Reason</th>
<th></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. 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.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>Partner</td>
<td>Monthly</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>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>Monthly</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

Applicant: Georgia Housing & Finance Authority
Project: Quest 35 S+CR

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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.

<table>
<thead>
<tr>
<th>Total Units</th>
<th>29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Beds</td>
<td>32</td>
</tr>
<tr>
<td>Total Dedicated CH Beds</td>
<td>32</td>
</tr>
</tbody>
</table>

<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>29</td>
<td>32</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: 29
   b. Beds: 32

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: 878 Rock St NW
   Street 2:
       City: Atlanta
       State: Georgia
       ZIP Code: 30314

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>32</td>
<td>0</td>
<td>32</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>32</td>
<td>0</td>
<td>32</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>32</td>
<td>0</td>
<td>32</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>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>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>30</td>
<td>2</td>
<td>0</td>
<td>20</td>
<td>4</td>
<td>32</td>
<td>6</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>30</td>
<td>2</td>
<td>0</td>
<td>20</td>
<td>4</td>
<td>32</td>
<td>6</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>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

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
   - 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>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>29</td>
<td>$317,292</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $317,292
Total Units: 29
Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

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>$655</td>
<td>$655</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$873</td>
<td>$873</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>26 x</td>
<td>$898</td>
<td>$898</td>
<td>x 12</td>
<td>$280,176</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>3 x</td>
<td>$1,031</td>
<td>$1,031</td>
<td>x 12</td>
<td>$37,116</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,344</td>
<td>$1,344</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>$1,651</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>$1,899</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>$2,146</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>$2,394</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>$2,642</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>$2,889</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
<td>$317,292</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $317,292

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>$80,818</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$80,818</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>Quest CDO</td>
<td>08/15/2019</td>
<td>$80,818</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: Quest CDO
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: $80,818
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>$317,292</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>$317,292</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$5,980</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$323,272</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$80,818</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$80,818</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$404,090</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>Quest 35 501c3</td>
<td>12/20/2013</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:  Quest 35 501c3

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**  Shawn Williams

**Date:**  08/21/2019

**Title:**  Director, Housing Assistance Division

**Applicant Organization:**  Georgia Housing and Finance 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>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></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):

2a - update amount

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: Georgia Housing & Finance Authority

### Project: Quest 35 S+CR

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/15/2019</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>
</tbody>
</table>

Renewal Project Application FY2019  
Page 49  
08/21/2019
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/15/2019</td>
</tr>
<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>08/15/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/15/2019</td>
</tr>
</tbody>
</table>
Date: MAR 17 2006

Dear Applicant:

Our letter dated August 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,

[Signature]

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements
In reply refer to: 0248164798
Oct. 10, 2012 LTR 4168C E0
58-2634738 000000 00
0014115
BODC: TE

QUEST 35 INC
% LEONARD ADAMS
878 ROCK ST
ATLANTA GA 30314

Employer Identification Number: 58-2634738
Person to Contact: Mr Bayer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 28, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in August 2001.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.
CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT, EVEN IF YOU ALSO HAVE AN INQUIRY.
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 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: GA0132

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:

Applicant: Georgia Housing & Finance Authority
Project: URDC S+CR
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Georgia Housing and Finance Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1222605
   c. Organizational DUNS: 099306029
   d. Address
      Street 1: 60 Executive Park South, NE
      City: atlanta
      County: Dekalb
      State: Georgia
      Country: United States
      Zip / Postal Code: 30329
   e. Organizational Unit (optional)
      Department Name: 
      Division Name: Housing Assistance Division
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: David
      Middle Name: 
      Last Name: Whisnant
      Suffix: 
      Title: Director, OHSNH
      Organizational Affiliation: Georgia Housing and Finance Authority
      Telephone Number: (404) 679-0660
Extension:

Fax Number: (770) 359-3806

Email: David.Whisnant@dca.ga.gov
1C. SF-424 Application Details

9. Type of Applicant: A. State 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):
   Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:
    URDC S+CR

16. Congressional District(s):
   a. Applicant:
   b. Project:
      GA-005
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 10/01/2030
   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: ❌

21. Authorized Representative

Prefix:  Ms.
First Name: Shawn
Middle Name: 
Last Name: Williams
Suffix: 
Title: Director, Housing Assistance Division
Telephone Number: (Format: 123-456-7890) (404) 679-0621
Fax Number: (Format: 123-456-7890) (404) 679-4837
Email: shawn.williams@dca.ga.gov
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/21/2019
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: Georgia Housing and Finance Authority
   Prefix: Ms.
   First Name: Shawn
   Middle Name: 
   Last Name: Williams
   Suffix: 
   Title: Director, Housing Assistance Division

   Organizational Affiliation: Georgia Housing and Finance Authority

   Telephone Number: (404) 679-0621
   Extension: 

   Email: shawn.williams@dca.ga.gov
   City: atlanta
   County: Dekalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30329

2. Employer ID Number (EIN): 58-1222605

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $140,860.00

   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity: URDC S+CR 60 Executive Park South, NE Atlanta, Georgia

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>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$550,000.00</td>
<td>Shelter Plus Care Support Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>600000.00</td>
<td>Shelter Plus Care Harm Reduction Case Management Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$47,294.00</td>
<td>Coordinated Entry</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$100,000.00</td>
<td>HMIS</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

| Renewal Project Application FY2019 | Page 10 | 08/21/2019 |
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:** Shawn Williams, Director, Housing Assistance Division

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

**Date Signed:** 08/21/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Georgia Housing and Finance 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:

<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 —— (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. 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 —— (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. 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 —— (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. 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: Georgia Housing & Finance Authority

Project: URDC S+CR

Renewal Project Application FY2019

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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: Shawn
Middle Name
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division
Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov
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 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: Georgia Housing and Finance Authority

Name / Title of Authorized Official: Shawn Williams, Director, Housing Assistance Division

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

Date Signed: 08/21/2019
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: Georgia Housing and Finance Authority
Street 1: 60 Executive Park South, NE
Street 2:
City: Atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30329

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: Shawn
Middle Name: 
Last Name: Williams
Suffix: 
Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov

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 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? 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 left $2,304 in unspent funds while overserving. This is not enough funding to add an additional unit.
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.
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 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: $140,860

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring Works, Inc.</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$140,860</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Caring Works, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 56-2370081

d. Organizational DUNS: 198267622

---

<table>
<thead>
<tr>
<th>e. Physical Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street 1: 2785 Lawrenceville Highway</td>
</tr>
<tr>
<td>Street 2:</td>
</tr>
<tr>
<td>City: Decatur</td>
</tr>
<tr>
<td>State: Georgia</td>
</tr>
<tr>
<td>Zip Code: 30033</td>
</tr>
</tbody>
</table>

f. Congressional District(s): GA-005

(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: $140,860

j. Contact Person

Prefix: Mr.
First Name: Scott
Middle Name: 
Last Name: Walker
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: GA0132
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: URDC S+CR

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.

This project provides permanent supportive housing for 18 chronically homeless individuals with disabilities. The grant was formerly managed by URDC and was transferred to CaringWorks, Inc. on May 1, 2019. The participants are housed at Santa Fe Villas apartments, which is housing created in 1995 under one of the first HUD McKinney demonstration grants. CaringWorks utilizes the Housing First model, enabling participants to choose services as well as providers. Using the Coordinated Entry system for referrals, we support and place individuals who may be service resistant. Community-based case managers meet with clients in their apartments and depending on the client's need, they are engaged at least 1 time and as much as 8 – 10 times monthly. Clients learn about services closest to their home and become connected to them to ensure they have support to prevent returning to homelessness. We connect participants with CW Behavioral Health Services to mitigate mental health or substance use challenges. These services were vital to achieving an 89% housing stability rate in 2018. All participants have access to on-site Behavioral Health and Recovery services from AQCS, a Medicaid core provider and partners of the Santa Fe Behavioral Health Coalition. The property is located on a main MARTA bus route giving participants access to services throughout the city. The property consists of all single units, providing clients with independent living in an integrated environment that enables participants to grow in skills and stability.

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>

<table>
<thead>
<tr>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<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>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.
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>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</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>Subrecipient</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>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</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

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: 17
Total Beds: 17
Total Dedicated CH Beds: 17

<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>17</td>
<td>17</td>
</tr>
</tbody>
</table>

Applicant: Georgia Housing & Finance Authority
Project: URDC S+CR

Renewal Project Application FY2019
Page 30
08/21/2019
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:  17
   b. Beds:  17

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:  2370 Metropolitan Parkway
   Street 2:  
   City:  Atlanta
   State:  Georgia
   ZIP Code:  30315

5. Select the geographic area(s) associated with the address:  
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>17</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>17</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>17</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>17</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>17</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>17</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 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

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>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>17</td>
<td>$133,620</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $133,620
Total Units: 17
**Rental Assistance Budget Detail**

**Type of Rental Assistance:** SRA

**Metropolitan or non-metropolitan fair market rent area:** GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

**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>17</td>
<td>$655</td>
<td>$655</td>
<td>x 12</td>
<td>= $133,620</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$873</td>
<td>$873</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$898</td>
<td>$898</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,031</td>
<td>$1,031</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,344</td>
<td>$1,344</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>$1,651</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>$1,899</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>$2,146</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>$2,394</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>$2,642</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>$2,889</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td>$133,620</td>
</tr>
</tbody>
</table>

**Grant Term**

1 Year

**Total Request for Grant Term**

$133,620

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: | $35,215 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $35,215 |

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>Caring Works, Inc.</td>
<td>08/21/2019</td>
<td>$35,215</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: Caring Works, Inc.
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019

6. Value of Written Commitment: $35,215
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>$133,620</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>$133,620</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$7,240</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$140,860</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$35,215</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$35,215</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$176,075</td>
</tr>
</tbody>
</table>

Applicant: Georgia Housing & Finance Authority  
Project: URDC S+CR
### 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>Caring Works 501c...</td>
<td>08/21/2019</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:  Caring Works 501c3 Documentation

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**  Shawn Williams  
**Date:** 08/21/2019  
**Title:** Director, Housing Assistance Division  
**Applicant Organization:** Georgia Housing and Finance 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>
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<tbody>
<tr>
<td>3A. Project Detail</td>
<td></td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
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<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
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</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>
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<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>
</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):

2a - this project was transferred to another subrecipient on 5/1/19. This application was updated to reflect that agency change.
3b - updated project description
4a - updated services provided

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>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/21/2019</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>
</tbody>
</table>

Applicant: Georgia Housing & Finance Authority

Project: URDC S+CR

099306029 178697

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<table>
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<th>Date</th>
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<td>1G. HUD-2880</td>
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<td>1I. Cert. Lobbying</td>
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<tr>
<td>Recipient Performance</td>
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<td>Renewal Expansion</td>
<td>08/21/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/21/2019</td>
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<tr>
<td>2A. Subrecipients</td>
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<tr>
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</tr>
<tr>
<td>6D. Match</td>
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</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>08/21/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/21/2019</td>
</tr>
</tbody>
</table>
CARINGWORKS INC
% CAROL COLLARD
2785 LAWRENCEVILLE HWY STE 205
DECATUR GA 30033-2515

Employer ID number: 56-2370081
Form 990 required: YES

Dear Taxpayer:

We're responding to your request dated June 27, 2018, about your tax-exempt status.

We issued you a determination letter in January 2004, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,
local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

[Signature]

Kim A. Billups, Operations Manager
Accounts Management Operations
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: 08/21/2019

4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: GA0243

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: Georgia Housing and Finance Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1222605

   c. Organizational DUNS: 099306029 PLUS 4

   d. Address
      Street 1: 60 Executive Park South, NE
      City: atlanta
      County: Dekalb
      State: Georgia
      Country: United States
      Zip / Postal Code: 30329

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

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: David
      Middle Name:
      Last Name: Whisnant
      Suffix:
      Title: Director, OHSNH
      Organizational Affiliation: Georgia Housing and Finance Authority
      Telephone Number: (404) 679-0660
Extension:
Fax Number:  (770) 359-3806
Email:  David.Whisnant@dca.ga.gov
1C. SF-424 Application Details

9. Type of Applicant: A. State 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): Georgia
(For multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Caring Works ATL S+CR_C

16. Congressional District(s):
      (For multiple selections hold CTRL key)
   b. Project: GA-005
      (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:
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: Shawn
Middle Name:
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division
Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov
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:** Georgia Housing and Finance Authority  
   - **Prefix:** Ms.  
   - **First Name:** Shawn  
   - **Last Name:** Williams  
   - **Title:** Director, Housing Assistance Division  
   - **Organizational Affiliation:** Georgia Housing and Finance Authority  
   - **Telephone Number:** (404) 679-0621  
   - **Extension:**  
     - **Email:** shawn.williams@dca.ga.gov  
     - **City:** atlanta  
     - **County:** Dekalb  
     - **State:** Georgia  
     - **Country:** United States  
     - **Zip/Postal Code:** 30329

2. **Employer ID Number (EIN):** 58-1222605

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

4. **Amount of HUD Assistance Requested/Received:** $205,654.00  
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:
Caring Works ATL S+CR_C 60 Executive Park South, NE Atlanta Georgia

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>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$550,000.00</td>
<td>Shelter Plus Care Support Services</td>
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<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
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<td>Shelter Plus Care Harm Reduction Case Management Services</td>
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<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$47,294.00</td>
<td>Coordinated Entry</td>
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<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$100,000.00</td>
<td>HMIS</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:** Shawn Williams, Director, Housing Assistance Division

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

**Date Signed:** 08/13/2019
## 1H. HUD 50070

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

**Applicant Name:** Georgia Housing and Finance 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:

| 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.

Refer to addresses entered into the attached application

I certify that the information provided on this form and in any accompanying documentation is true and accurate. X

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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: Ms.
First Name: Shawn
Middle Name
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division
Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov

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 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: Georgia Housing and Finance Authority

Name / Title of Authorized Official: Shawn Williams, Director, Housing Assistance Division

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

Date Signed: 08/21/2019
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: Georgia Housing and Finance Authority
Street 1: 60 Executive Park South, NE
Street 2: 
City: atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30329

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

08/22/2019
Authorized Representative

Prefix: Ms.
First Name: Shawn
Middle Name: 
Last Name: Williams
Suffix: 
Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/21/2019
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 e-snaps will automatically be set to “Make Changes”. 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 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?  No

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

delay in HUD execution of contract; draws were consistently made following execution of contract.

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: $205,654

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring Works Inc</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$205,654</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Caring Works Inc

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 56-2370081

d. Organizational DUNS: 198267622

* d. Organizational DUNS: 198267622 PLUS 4

f. Physical Address

Street 1: 2785 Lawrenceville Hwy Suite 205
Street 2: 
City: Decatur
State: Georgia
Zip Code: 30030

f. Congressional District(s): GA-005
(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: $205,654

j. Contact Person
Prefix: Ms.
First Name: Carol
Middle Name: 
Last Name: Collard
Suffix:
Title: President
E-mail Address: carolcollard@caringworksinc.org
Confirm E-mail Address: carolcollard@caringworksinc.org
Phone Number: 404-371-1230
Extension:
Fax Number:

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: GA0243
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Caring Works ATL S+CR_C

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 Caring Works DEK S+CR_C project provides permanent supportive housing for 50 chronically homeless single men and women with mental illness in DeKalb County. As part of the S+C program, participants receive safe housing in single bed apartments, intensive case management, connection to supportive services and mainstream benefits, and client assistance such as transportation and food supplies on an as needed basis. The ultimate goal of this support is to help stabilize clients and assist them in managing their recovery and/or mental health challenges. Caring Works uses a Housing First approach to service and does not apply restrictions on entry to the program; therefore, it is considered a low barrier program. As a result of our experience as well as our utilization of best practices, 95% of our permanent supportive housing clients remained successfully housed throughout the year. We also actively participate in the CoC’s planning and implementation processes and are in compliance with all regulations issued by the CoC. Georgia Housing and Finance Authority is the grantee. Caring Works, Inc. is the sponsor agency/sub-recipient.

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>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>
</tr>
</thead>
<tbody>
<tr>
<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>Item</th>
<th>Yes</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></td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td></td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td></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</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></td>
</tr>
<tr>
<td>Loss of income or failure to improve income</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></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.
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>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Bi-weekly</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>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>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>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>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</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.

Total Units: 18
Total Beds: 18
Total Dedicated CH Beds: 18

<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>18</td>
<td>18</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:  18
   b. Beds:  18

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   18
   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:  1800 Memorial Dr SE
   Street 2:  
   City:  Atlanta
   State:  Georgia
   ZIP Code:  30317

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>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>18</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>18</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.

<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>Develop Mental 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>18</td>
<td>0</td>
<td>11</td>
<td>2</td>
<td>18</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*

<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>Develop Mental 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

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</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRA</td>
<td>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>18</td>
<td>$193,968</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $193,968
Total Units: 18
**Rental Assistance Budget Detail**

**Type of Rental Assistance:** SRA

**Metropolitan or non-metropolitan fair market rent area:** GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

**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>$655</td>
<td>$655</td>
<td>x 12</td>
<td>0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$873</td>
<td>$873</td>
<td>x 12</td>
<td>0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>18</td>
<td>$898</td>
<td>$898</td>
<td>x 12</td>
<td>$193,968</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,031</td>
<td>$1,031</td>
<td>x 12</td>
<td>0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,344</td>
<td>$1,344</td>
<td>x 12</td>
<td>0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>$1,651</td>
<td>x 12</td>
<td>0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>$1,899</td>
<td>x 12</td>
<td>0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>$2,146</td>
<td>x 12</td>
<td>0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>$2,394</td>
<td>x 12</td>
<td>0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>$2,642</td>
<td>x 12</td>
<td>0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>$2,889</td>
<td>x 12</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 18

**Grant Term:** 1 Year

**Total Request for Grant Term:** $193,968

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: | $51,414 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $51,414 |

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>DBHDD</td>
<td>08/19/2019</td>
<td>$51,414</td>
</tr>
</tbody>
</table>

Applicant: Georgia Housing & Finance Authority
Project: Caring Works ATL S+CR_C
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:  DBHDD
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  08/19/2019
6. Value of Written Commitment:  $51,414
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>$193,968</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>$193,968</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$11,686</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$205,654</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$51,414</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$51,414</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$257,068</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>CaringWorks 501c3</td>
<td>12/22/2013</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>FY17_RenewalApp_S...</td>
<td>09/14/2018</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td>FY17_RenewalApp_T...</td>
<td>09/14/2018</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  CaringWorks 501c3

Attachment Details

Document Description:  FY17_RenewalApp_Surviving

Attachment Details

Document Description:  FY17_RenewalApp_Terminating
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**  Shawn Williams

**Date:** 08/21/2019

**Title:** Director, Housing Assistance Division

**Applicant Organization:** Georgia Housing and Finance 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>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Part 3 - Project Information</td>
</tr>
<tr>
<td>3A. Project Detail</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>3B. Description</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Part 4 - Housing Services and HMIS</td>
</tr>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Part 5 - Participants and Outreach Information</td>
</tr>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Part 6 - Budget Information</td>
</tr>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
<tr>
<td></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):

- Adjustments were needed to 2A, 3B, and 6D to match the FY19 GIW, update project description, and meet match requirement.

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>08/13/2019</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>08/13/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/19/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/19/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/19/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/15/2019</td>
</tr>
</tbody>
</table>
Dear Applicant:

Our letter dated JANUARY 2004, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,

Robert Choi
Director, Exempt Organizations Rulings and Agreements

Letter 1050 (DO/CG)
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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 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.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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 2017 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: 09/18/2017
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: GA0243
   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: Georgia Housing and Finance Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1222605

| c. Organizational DUNS: | 099306029 | PLUS 4 |

   d. Address
      Street 1: 60 Executive Park South, NE
      Street 2: 
      City: Atlanta
      County: Dekalb
      State: Georgia
      Country: United States
      Zip / Postal Code: 30329

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

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: David
      Middle Name: 
      Last Name: Whisnant
      Suffix: 
      Title: Director, OHSNH
      Organizational Affiliation: Georgia Housing and Finance Authority
      Telephone Number: (404) 679-0660
Extension:
Fax Number:  (770) 359-3806
Email:  David.Whisnant@dca.ga.gov
1C. SF-424 Application Details

9. Type of Applicant: A. State 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-6100-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): Georgia
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Caring Works ATL S+CR

16. Congressional District(s):
   (for multiple selections hold CTRL key)
   b. Project: GA-005
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 06/01/2018
   b. End Date: 05/31/2019

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:
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: Shawn
Middle Name:
Last Name: Williams
Suffix:
Title: Director Housing Assistance Division
Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/18/2017
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: Georgia Housing and Finance Authority
   Prefix: Ms.
   First Name: Shawn
   Middle Name: 
   Last Name: Williams
   Suffix: 
   Title: Director Housing Assistance Division
   Organizational Affiliation: Georgia Housing and Finance Authority
   Telephone Number: (404) 679-0621
   Extension: 
   Email: shawn.williams@dca.ga.gov
   City: Atlanta
   County: Dekalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30329

2. Employer ID Number (EIN): 58-1222605
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $94,403.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Caring Works ATL S+CR 60 Executive Park South, NE Atlanta Georgia

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>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$550,000.00</td>
<td>Shelter Plus Care Support Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>600000.0</td>
<td>Shelter Plus Care Harm Reduction Case Management Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$47,294.00</td>
<td>Coordinated Entry</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$125,000.00</td>
<td>HMIS</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 this information is true and complete.

I AGREE: [X]

Name / Title of Authorized Official: Shawn Williams, Director Housing Assistance Division

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

Date Signed: 09/15/2017
## 1H. HUD 50070

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

**Applicant Name:** Georgia Housing and Finance 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>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>
<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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and correct.

---

Renewal Project Application FY2017  
Page 12  
09/14/2018
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: Shawn
Middle Name
Last Name: Williams
Suffix:
Title: Director Housing Assistance Division
Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/18/2017
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: Georgia Housing and Finance Authority

Name / Title of Authorized Official: Shawn Williams, Director Housing Assistance Division

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

Date Signed: 09/18/2017
**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:** Georgia Housing and Finance Authority

**Street 1:** 60 Executive Park South, NE

**City:** Atlanta

**County:** Dekalb

**State:** Georgia

**Country:** United States

**Zip / Postal Code:** 30329

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: Shawn
Middle Name:
Last Name: Williams
Suffix:
Title: Director Housing Assistance Division
Telephone Number: (404) 679-0621
Fax Number: (404) 679-4837
Email: shawn.williams@dca.ga.gov
Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 09/18/2017
Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D, 7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.
### 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:** $94,403

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring Works Inc</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$94,403</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Caring Works Inc

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 56-2370081

d. Organizational DUNS: 198267622

* e. Physical Address
  Street 1: 2785 Lawrenceville Hwy Suite 205
  City: Decatur
  State: Georgia
  Zip Code: 30030

f. Congressional District(s): GA-005
   (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: $94,403

j. Contact Person
   Prefix: Ms.
   First Name: Carol
   Middle Name: 
   Last Name: Collard
Suffix:
Title: President
E-mail Address: carolcollard@caringworksinc.org
Confirm E-mail Address: carolcollard@caringworksinc.org
Phone Number: 404-371-1230
Extension:
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. 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? No

   *Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.*

   - delay in HUD execution of contract; draws were consistently made following execution of contract.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

1. Expiring Grant Number: GA0243
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Caring Works ATL S+CR

4. Project Status: Standard

5. Component Type: PH

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 CaringWorks Shelter Plus Care I grant provides permanent supportive housing for 9 homeless single men and women in the City of Atlanta. CaringWorks works closely with the Atlanta CoC coordinated assessment team to identify potential clients. We do not place barriers on entry to the program, in fact, the majority of our clients in this program are middle aged, 100% are chronically homeless, 100% are mentally ill, 88% have substance abuse issues and 11% have HIV/AIDS. As part of this program, participants receive safe housing in single bed apartments, intensive case management, connections to supportive services such as behavioral health and disease management services, assistance with securing mainstream benefits and client assistance such as transportation and food supplies on an as needed basis. CaringWorks’ case managers follow a Housing First model and work with each client to develop an Individual Resiliency Plan that outlines their goals and challenges as it relates to achieving stability. In 2014-15, 100% of our clients remained housed for 7 months or longer and 89% of participants received one or more non-cash benefit.

Georgia Housing and Finance Authority is the grantee; Caring Works Inc is the sponsor agency / subrecipient.

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>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Georgia Housing & Finance Authority
Project: Caring Works ATL S+CR
Renewal Project Application FY2017
Page 24
09/14/2018
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

4. Does the PH project provide PSH or RRH?  PSH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?  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.
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>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></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>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>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>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>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</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. Use of a single application form for four or more mainstream programs? Yes

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

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

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>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>9</td>
<td>9</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: 9
   b. Beds: 9

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   9
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:
   Street 1: 1800 Memorial Dr SE
   Street 2:
   City: Atlanta
   State: Georgia
   ZIP Code: 30317

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>9</td>
<td>0</td>
<td>9</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>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Adults 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></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>9</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 Non-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>
<td>0</td>
</tr>
<tr>
<td>Adults 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>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>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>

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 Non-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>9</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults 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>9</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>9</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 Non-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>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>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>
<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>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach 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. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>50%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td></td>
<td>Directly from transitional housing eliminated in the FY 2017 CoC Program Competition.</td>
</tr>
<tr>
<td></td>
<td>Directly from the TH Portion of a Joint TH and PH-RRH Component project.</td>
</tr>
<tr>
<td></td>
<td>Persons receiving services through a Department of Veterans Affairs (VA)-funded homeless assistance program.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</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
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>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>9</td>
<td>$88,560</td>
</tr>
</tbody>
</table>
**Rental Assistance Budget Detail**

**Type of Rental Assistance:** SRA

**Metropolitan or non-metropolitan fair market rent area:** GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

**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>$573</td>
<td>$573</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$764</td>
<td>$764</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>9</td>
<td>$820</td>
<td>$820</td>
<td>x</td>
<td>= $88,560</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$949</td>
<td>$949</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,253</td>
<td>$1,253</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,532</td>
<td>$1,532</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,762</td>
<td>$1,762</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,992</td>
<td>$1,992</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,221</td>
<td>$2,221</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,451</td>
<td>$2,451</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,681</td>
<td>$2,681</td>
<td>x</td>
<td>= $0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested** 9

**Grant Term**

1 Year

**Total Request for Grant Term** $88,560

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>$23,601</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments</td>
<td>$23,601</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>DBHDD</td>
<td>08/27/2017</td>
<td>$23,601</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: DBHDD
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/27/2017
6. Value of Written Commitment: $23,601
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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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>$88,560</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>$88,560</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$5,843</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$94,403</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$23,601</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$23,601</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$118,004</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>CaringWorks 501c3</td>
<td>12/22/2013</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: CaringWorks 501c3

Attachment Details

Document Description: match

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 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.

For 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.

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: Shawn Williams
Date: 09/18/2017
Title: Director Housing Assistance Division
Applicant Organization: Georgia Housing and Finance Authority

I certify that I have been duly authorized by the applicant to submit this Applicant [X]

Renewal Project Application FY2017
Page 43
09/14/2018
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).
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 - Recipient and Subrecipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
</tr>
<tr>
<td>2B. Recipient Performance</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>
<tr>
<td>5C. Outreach</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</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):

2A address updated; 2B 3 and 4 updated; 3C completed; match updated

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>08/24/2017</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>08/28/2017</td>
</tr>
</tbody>
</table>

**Applicant:** Georgia Housing & Finance Authority  
**Project:** Caring Works ATL S+CR  
**099306029**  
**GA0243L4B001705**
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/28/2017</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/28/2017</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/28/2017</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/28/2017</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>5C. Outreach</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/28/2017</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/28/2017</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/28/2017</td>
</tr>
</tbody>
</table>
Dear Applicant:

Our letter dated JANUARY 2004, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,

Robert Choi
Director, Exempt Organizations Rulings and Agreements
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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 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.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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 2017 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: 09/18/2017
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: GA0248
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: Georgia Housing and Finance Authority

b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1222605

c. Organizational DUNS: 099306029 PLUS 4

d. Address

Street 1: 60 Executive Park South, NE

City: Atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30329

e. Organizational Unit (optional)

Department Name:
Division Name: Housing Assistance Division

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

Prefix: Mr.
First Name: David
Middle Name: Whisnant
Last Name: Suffix:
Title: Director, OHSNH
Organizational Affiliation: Georgia Housing and Finance Authority
Telephone Number: (404) 679-0660
Extension:

Fax Number:  (770) 359-3806

Email:  David.Whisnant@dca.ga.gov
1C. SF-424 Application Details

9. Type of Applicant: A. State 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-6100-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): Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Caring Works ATL S+CR2

16. Congressional District(s):
   (for multiple selections hold CTRL key)
   b. Project: GA-005
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 06/01/2018
   b. End Date: 05/31/2019

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:
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: Shawn
Middle Name:
Last Name: Williams
Suffix:
Title: Director Housing Assistance Division
Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/18/2017
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: Georgia Housing and Finance Authority
   Prefix: Ms.
   First Name: Shawn
   Middle Name: 
   Last Name: Williams
   Suffix: 
   Title: Director Housing Assistance Division

   Organizational Affiliation: Georgia Housing and Finance Authority
   Telephone Number: (404) 679-0621
   Extension: 
   Email: shawn.williams@dca.ga.gov
   City: Atlanta
   County: Dekalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30329

2. Employer ID Number (EIN): 58-1222605

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $94,403.00

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

Caring Works ATL S+CR2 60 Executive Park South, NE Atlanta Georgia

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>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$550,000.00</td>
<td>Shelter Plus Care Support Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>600,000.00</td>
<td>Shelter Plus Care Harm Reduction Case Management Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$47,294.00</td>
<td>Coordinated Entry</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$125,000.00</td>
<td>HMIS</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 this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Shawn Williams, Director Housing Assistance Division

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

Date Signed: 09/15/2017
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Georgia Housing and Finance 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:

- 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.
- 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.
- 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;
- 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;
- 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;
- 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.;
- 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;
- 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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and...
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:  Shawn
Middle Name
Last Name:  Williams
Suffix:  
Title:  Director Housing Assistance Division

Telephone Number:  (404) 679-0621
(Format: 123-456-7890)
Fax Number:  (404) 679-4837
(Format: 123-456-7890)
Email:  shawn.williams@dca.ga.gov

Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  09/18/2017
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:** Georgia Housing and Finance Authority

**Name / Title of Authorized Official:** Shawn Williams, Director Housing Assistance Division

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

**Date Signed:** 09/18/2017
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: Georgia Housing and Finance Authority
Street 1: 60 Executive Park South, NE
Street 2:
City: Atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30329

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 FY2017 Page 16 09/14/2018
Authorized Representative

Prefix:  Ms.
First Name:  Shawn
Middle Name:  
Last Name:  Williams
Suffix:  
Title:  Director Housing Assistance Division

Telephone Number:  (404) 679-0621
(Format: 123-456-7890)

Fax Number:  (404) 679-4837
(Format: 123-456-7890)

Email:  shawn.williams@dca.ga.gov

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

Date Signed:  09/18/2017
Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.
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:** $94,403

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring Works Inc</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$94,403</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Caring Works Inc

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 56-2370081

d. Organizational DUNS: 198267622

 e. Physical Address
   Street 1: 2785 Lawrenceville Hwy Suite 205
   Street 2: 
     City: Decatur
     State: Georgia
     Zip Code: 30033

f. Congressional District(s): GA-005
   (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: $94,403

j. Contact Person
   Prefix: Ms.
   First Name: Carol
   Middle Name: 
   Last Name: Collard
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. 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?  
   No

   Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.
   
   delay in HUD execution of contract; draws were consistently made following execution of contract.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  
   No
3A. Project Detail

1. Expiring Grant Number: GA0248
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Caring Works ATL S+CR2

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
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 CaringWorks Shelter Plus Care II grant provides permanent supportive housing for 9 homeless single men and women in the City of Atlanta. CaringWorks works closely with the Atlanta CoC coordinated assessment team to identify potential clients. We do not place barriers on entry to the program, in fact, the majority of our clients in this program are middle aged, 100% are chronically homeless, 90% are mentally ill, 100% have substance abuse issues and 10% have HIV/AIDS. As part of this program, participants receive safe housing in single bed apartments, intensive case management, connections to supportive services such as behavioral health and disease management services, assistance with securing mainstream benefits and client assistance such as transportation and food supplies on an as needed basis. CaringWorks’ case managers follow a Housing First model and work with each client to develop an Individual Resiliency Plan that outlines their goals and challenges as it relates to achieving stability. In 2014-15, 100% of our clients remained housed for 7 months or longer and 60% of participants received one or more non-cash benefit.

Georgia Housing and Finance Authority is the grantee; Caring Works Inc is the sponsor agency/subrecipient.

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>

Applicant: Georgia Housing & Finance Authority

Project: Caring Works ATL S+CR2

GA0248L4B001705

Renewal Project Application FY2017

Page 24

09/14/2018
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>Condition</th>
<th>Selected</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>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

4. Does the PH project provide PSH or RRH?  PSH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?  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.
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>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></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>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>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>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>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</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. Use of a single application form for four or more mainstream programs? Yes

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

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

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: 9
Total Beds: 9
Total Dedicated CH Beds: 9

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (…)</td>
<td>9</td>
<td>9</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: 9
   b. Beds: 9

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 9
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:
   Street 1: 1800 Memorial Dr SE
   Street 2:
   City: Atlanta
   State: Georgia
   ZIP Code: 30317

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>9</td>
<td>0</td>
<td>9</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>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Adults 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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>9</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 Ally Homeless Non-Veterans</th>
<th>Chronic Ally Homeless Veterans</th>
<th>Non-Chronic Ally 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>Adults 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 Ally Homeless Non-Veterans</th>
<th>Chronic Ally Homeless Veterans</th>
<th>Non-Chronic Ally 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>0</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults 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>9</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>9</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 Ally Homeless Non-Veterans</th>
<th>Chronic Ally Homeless Veterans</th>
<th>Non-Chronic Ally 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>
5C. Outreach 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. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>50%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td></td>
<td>Directly from transitional housing eliminated in the FY 2017 CoC Program Competition.</td>
</tr>
<tr>
<td></td>
<td>Directly from the TH Portion of a Joint TH and PH-RRH Component project.</td>
</tr>
<tr>
<td>100%</td>
<td>Persons receiving services through a Department of Veterans Affairs (VA)-funded homeless assistance program.</td>
</tr>
<tr>
<td></td>
<td>Total of above percentages</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

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>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>9</td>
<td>$88,560</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $88,560
Total Units: 9
## Rental Assistance Budget Detail

**Type of Rental Assistance:** SRA

**Metropolitan or non-metropolitan fair market rent area:** GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

**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>$573</td>
<td>$573</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$764</td>
<td>$764</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>9</td>
<td>$820</td>
<td>$820</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$949</td>
<td>$949</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,253</td>
<td>$1,253</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,532</td>
<td>$1,532</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,762</td>
<td>$1,762</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,992</td>
<td>$1,992</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,221</td>
<td>$2,221</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,451</td>
<td>$2,451</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,681</td>
<td>$2,681</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>9</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$88,560</strong></td>
</tr>
</tbody>
</table>

**Grant Term**

1 Year

**Total Request for Grant Term**

$88,560

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>$23,601</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$23,601</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>DBHDD</td>
<td>08/17/2017</td>
<td>$23,601</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: DBHDD
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/17/2017
6. Value of Written Commitment: $23,601
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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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>$88,560</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>$88,560</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$5,843</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$94,403</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$23,601</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$23,601</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$118,004</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>501c3</td>
<td>12/27/2013</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: 501c3

Attachment Details

Document Description: match

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 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.

For 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.

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: Shawn Williams

Date: 09/18/2017

Title: Director Housing Assistance Division

Applicant Organization: Georgia Housing and Finance Authority

PHA Number (For PHA Applicants Only): I certify that I have been duly authorized by the applicant to submit this Applicant X

Renewal Project Application FY2017 Page 43 09/14/2018
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).
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 - Recipient and Subrecipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
</tr>
<tr>
<td>2B. Recipient Performance</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>
<tr>
<td>5C. Outreach</td>
</tr>
</tbody>
</table>

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

Applicant: Georgia Housing & Finance Authority
Project: Caring Works ATL S+CR2

Renewal Project Application FY2017  Page 45  09/14/2018
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):

2A address updated; 2B 3 and 4 updated; 3C completed; match updated

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>08/24/2017</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>08/28/2017</td>
</tr>
</tbody>
</table>

Applicant: Georgia Housing & Finance Authority
Project: Caring Works ATL S+CR2

099306029
GA0248L4B001705

Renewal Project Application FY2017
Page 47
09/14/2018
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/28/2017</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/28/2017</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/28/2017</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/28/2017</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>5C. Outreach</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>6B. Match</td>
<td>08/28/2017</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/28/2017</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/28/2017</td>
</tr>
</tbody>
</table>
Dear Applicant:

Our letter dated JANUARY 2004, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,

[Signature]
Robert Choi
Director, Exempt Organizations
Rulings and Agreements
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: 08/21/2019
4. Applicant Identifier:
5a. Federal Entity Identifier: GA0030
5b. Federal Award Identifier: 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: Georgia Housing and Finance Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1222605

   c. Organizational DUNS: 099306029

   d. Address
      Street 1: 60 Executive Park South, NE
      City: atlanta
      County: Dekalb
      State: Georgia
      Country: United States
      Zip / Postal Code: 30329

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

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: David
      Middle Name:
      Last Name: Whisnant
      Suffix:
      Title: Director, OHSNH
      Organizational Affiliation: Georgia Housing and Finance Authority
      Telephone Number: (404) 679-0660
Extension:

Fax Number:  (770) 359-3806

Email:  David.Whisnant@dca.ga.gov
1C. SF-424 Application Details

9. Type of Applicant: A. State 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): Georgia
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Presley Woods S+CR

16. Congressional District(s):
   (for multiple selections hold CTRL key)
   b. Project: GA-005
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 04/01/2020
   b. End Date: 03/31/2021

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: Shawn
Middle Name: 
Last Name: Williams
Suffix: 
Title: Director, Housing Assistance Division
Telephone Number: (404) 679-0621
Fax Number: (404) 679-4837
Email: shawn.williams@dca.ga.gov

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

Date Signed: 08/21/2019
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: Georgia Housing and Finance Authority
   Prefix: Ms.
   First Name: Shawn
   Middle Name: 
   Last Name: Williams
   Suffix: 
   Title: Director, Housing Assistance Division
   Organizational Affiliation: Georgia Housing and Finance Authority
   Telephone Number: (404) 679-0621
   Extension: 
   Email: shawn.williams@dca.ga.gov
   City: atlanta
   County: Dekalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30329

2. Employer ID Number (EIN): 58-1222605

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $177,726.00

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

Presley Woods S+CR 60 Executive Park South, NE Atlanta Georgia

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>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$550,000.00</td>
<td>Shelter Plus Care Support Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>600000.00</td>
<td>Shelter Plus Care Harm Reduction Case Management Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$47,294.00</td>
<td>Coordinated Entry</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$100,000.00</td>
<td>HMIS</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:** Shawn Williams, Director, Housing Assistance Division

**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: Georgia Housing and Finance 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 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: Shawn
Middle Name
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division
Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov
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 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: Georgia Housing and Finance Authority

Name / Title of Authorized Official: Shawn Williams, Director, Housing Assistance Division

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

Date Signed: 08/21/2019
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: Georgia Housing and Finance Authority
Street 1: 60 Executive Park South, NE
Street 2: atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30329

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: Georgia Housing & Finance Authority
Project: Presley Woods S+CR

099306029
171984

Renewal Project Application FY2019 Page 16 08/22/2019
Authorized Representative

Prefix: Ms.
First Name: Shawn
Middle Name: 
Last Name: Williams
Suffix: 
Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)

Email: shawn.williams@dca.ga.gov

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”. In addition, esnaps will automatically be set to “Make Changes” if the project application 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? No

   Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

   delay in HUD execution of contract; draws were consistently made following execution of contract.

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 operated at full capacity and is restricted to adding units due to the PRA component type.
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 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:** $177,726

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Interconnections, Inc</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$177,726</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Project Interconnections, Inc

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 58-2179932

d. Organizational DUNS: 967910712

e. Physical Address
   Street 1: 2198 Dresden Drive
   Street 2: 
   City: Chamblee
   State: Georgia
   Zip Code: 30341

f. Congressional District(s): GA-005
   (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: $177,726

j. Contact Person
   Prefix: Ms.
   First Name: Darlene
   Middle Name: 
   Last Name: Schultz
Suffix:
Title: Executive Director
E-mail Address: dschultz@the3keys.org
Confirm E-mail Address: dschultz@the3keys.org
Phone Number: 678-613-6574
Extension:
Fax Number:

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: GA0030
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

   2a. CoC Number and Name: GA-500 - Atlanta CoC
   2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Presley Woods S+CR

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? Yes
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.

Presley Woods is located in the northeast side of the City of Atlanta, in DeKalb County's historic Kirkwood area. Opened in 1996, Presley Woods is a unique apartment community specifically designed and built to provide affordable permanent supportive housing for single individuals who are living with mental illness and often addiction concerns. 17 units are contracted for CoC funds, however based on rents PII is able to over serve to 20 residents at any given point. All apartments are fully furnished. Service providers are on-site to provide supportive services to residents including case management, community support and community connections. All residents are encouraged to use appropriate community-based resources, however based on a Housing First model being implemented receiving services is not a requirement to keeping housing. The residents have use of the laundry facility, reading room, gym, and recreation room, located in the main building common area. The Tenants’ Association enables residents to have a voice in shaping their community. The property was renovated in 2013 to include updated systems, new appliances and furniture for each unit.

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>
<tr>
<td>Veterans</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>[ ]</td>
<td>[X]</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>[ ]</td>
<td>[X]</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>[ ]</td>
<td>[X]</td>
</tr>
<tr>
<td>Other (Click 'Save' to update)</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Applicant: Georgia Housing & Finance Authority
Project: Presley Woods S+CR
Renewal Project Application FY2019  Page 26  08/22/2019
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</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</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.
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>Partner</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
<td></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>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>Weekly</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? 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>Clustered apartments</td>
<td>---</td>
<td>16</td>
<td>16</td>
</tr>
</tbody>
</table>

Total Units: 16
Total Beds: 16
Total Dedicated CH Beds: 16
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:  16
   b. Beds:  16

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?  16
   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:  265 Kirkwood Road
   Street 2:
   City:  Atlanta
   State:  Georgia
   ZIP Code:  30317

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>16</td>
<td></td>
<td>16</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>0</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>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>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>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>
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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 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>4</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>2</td>
<td>16</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>4</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>2</td>
<td>16</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>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>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

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</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRA</td>
<td>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>16</td>
<td>$167,616</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $167,616
Total Units: 16
## Rental Assistance Budget Detail

### Type of Rental Assistance: PRA

**Metropolitan or non-metropolitan fair market rent area:**
GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

**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>$655</td>
<td>$655</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>16</td>
<td>x $873</td>
<td>x $873</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$898</td>
<td>$898</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,031</td>
<td>$1,031</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,344</td>
<td>$1,344</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>$1,651</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>$1,899</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>$2,146</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>$2,394</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>$2,642</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>$2,889</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td>$167,616</td>
</tr>
</tbody>
</table>

**Grant Term**
1 Year

**Total Request for Grant Term**
$167,616

---

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.

---

Applicant: Georgia Housing & Finance Authority

Project: Presley Woods S+CR

099306029

171984

08/22/2019
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>$44,432</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$44,432</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>Project Interconn...</td>
<td>08/15/2019</td>
<td>$44,432</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: Project Interconnections Inc
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: $44,432
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>$167,616</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>$167,616</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$10,110</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$177,726</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$44,432</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$44,432</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$222,158</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>501c3 PII</td>
<td>12/12/2013</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: 501c3 PII

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**  
Shawn Williams

**Date:** 08/21/2019

**Title:** Director, Housing Assistance Division

**Applicant Organization:** Georgia Housing and Finance 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>X</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></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>
<td></td>
</tr>
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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>

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

2a - update amount

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: Georgia Housing & Finance Authority
Project: Presley Woods S+CR

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>08/15/2019</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>
</tbody>
</table>

Renewal Project Application FY2019
Page 48
08/22/2019
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/15/2019</td>
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<tr>
<td>1J. SF-LLL</td>
<td>08/15/2019</td>
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<tr>
<td>Recipient Performance</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/15/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/15/2019</td>
</tr>
<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>08/15/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/15/2019</td>
</tr>
</tbody>
</table>
Dear Applicant

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 501(d) and 4940.

Grantors and contributors may rely on the determination that you are a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until the Service takes a final determination of your foundation status.

If notice that you will no longer be treated as a publicly supported or-
organization is published in the Internal Revenue Bulletin, grantors and contributors may not rely on this determination after the date of such publication. In addition, if you lose your status as a publicly supported organization and grantor or contributor was responsible for, or was aware of, the act or failure to act that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that the Service had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date such knowledge was acquired.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name and address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are 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, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your 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 your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that
PROJECT INTERCONNECTIONS INC

number on all returns you file and in all correspondence with the Internal Revenue Service.

If the heading of this letter indicates that a caveat applies, the caveat on the enclosure is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

[Signature]

Paul Williams
District 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: 08/23/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: GA0027
   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: Georgia Housing and Finance Authority
   b. Employer/Taxpayer Identification Number
      (EIN/TIN): 58-1222605
   c. Organizational DUNS: 099306029
      PLUS 4
   d. Address
      Street 1: 60 Executive Park South, NE
      Street 2:
      City: atlanta
      County: Dekalb
      State: Georgia
      Country: United States
      Zip / Postal Code: 30329
   e. Organizational Unit (optional)
      Department Name:
      Division Name: Housing Assistance Division
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: David
      Middle Name:
      Last Name: Whisnant
      Suffix:
      Title: Director, OHSNH
      Organizational Affiliation: Georgia Housing and Finance Authority
      Telephone Number: (404) 679-0660
Extension:

Fax Number: (770) 359-3806

Email: David.Whisnant@dca.ga.gov
1C. SF-424 Application Details

9. Type of Applicant: A. State 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)
   Georgia

15. Descriptive Title of Applicant’s Project:
    Welcome House S+CR

16. Congressional District(s):
   (for multiple selections hold CTRL key)
   b. Project: GA-005
   (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:

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: Shawn
 Last Name: Williams
 Title: Director, Housing Assistance Division
 Telephone Number: (404) 679-0621
 (Format: 123-456-7890)
 Fax Number: (404) 679-4837
 (Format: 123-456-7890)
 Email: shawn.williams@dca.ga.gov
 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: Georgia Housing and Finance Authority
   Prefix: Ms.
   First Name: Shawn
   Middle Name:
   Last Name: Williams
   Suffix:
   Title: Director, Housing Assistance Division

   Organizational Affiliation: Georgia Housing and Finance Authority
   Telephone Number: (404) 679-0621
   Extension:
   Email: shawn.williams@dca.ga.gov
   City: atlanta
   County: Dekalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30329

2. Employer ID Number (EIN): 58-1222605

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $373,771.00

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

Welcome House S+CR 60 Executive Park South, NE Atlanta Georgia

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>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$550,000.00</td>
<td>Shelter Plus Care Support Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>600000.0</td>
<td>Shelter Plus Care Harm Reduction Case Management Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park South Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$47,294.00</td>
<td>Coordinated Entry</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$100,000.00</td>
<td>HMIS</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: Shawn Williams, Director, Housing Assistance Division

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

Date Signed: 08/15/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Georgia Housing and Finance 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:

| 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 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 b. 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. 

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Applicant: Georgia Housing & Finance Authority  
Project: Welcome House S+CR  
099306029  
171997  
Renewal Project Application FY2019  
Page 12  
08/24/2019
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: Shawn
Middle Name
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division

**Telephone Number:** (404) 679-0621
(Format: 123-456-7890)

**Fax Number:** (404) 679-4837
(Format: 123-456-7890)

Email: shawn.williams@dca.ga.gov

**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:

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: Georgia Housing and Finance Authority

Name / Title of Authorized Official: Shawn Williams, Director, Housing Assistance Division

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: Georgia Housing and Finance Authority
Street 1: 60 Executive Park South, NE
Street 2:
City: atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30329

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: Shawn
Last Name: Williams
Suffix: 
Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)

Email: shawn.williams@dca.ga.gov

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 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? 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 operated above capacity and due to an FMR increase had more funds available.
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/P H-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:** $373,771

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Interconnections, Inc</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$373,771</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Project Interconnections, Inc

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 58-2179932

d. Organizational DUNS: 967910712

e. Physical Address
   Street 1: 234 Memorial Drive
   Street 2: 
   City: Atlanta
   State: Georgia
   Zip Code: 30303

f. Congressional District(s): GA-005

(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: $373,771

j. Contact Person

Prefix: Ms.
First Name: Darlene
Middle Name: 
Last Name: Schultz
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: GA0027
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
   2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Welcome House S+CR

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.

Welcome House provides 85 units of SRO housing in downtown Atlanta. Welcome House offers an opportunity for individual men and women to have a decent, safe place to live while receiving on-site support to cope with their individual needs. Many residents are classified as "dual diagnosis" meaning that they suffer from more than one ailment and have a great need for supportive services. The property was fully renovated in 2009, including updated appliances, furniture and common areas. PII assumed these SPC vouchers in January of 2013 and has worked at stabilizing the property and is currently over serving by 40 units - totaling 85 units of SPC at the property. The onsite supportive services work with residents where they are, providing supports for housing stability, income acquisition, and other supportive services including assistance with food, transportation and case management. Welcome House has met housing stability performance for the past APR and is continuing to build plans to provide direct SOAR connections for residents to receive both cash and non cash benefits.

Georgia Housing and Finance Authority is the grantee; Project Interconnections, Inc is the sponsor agency/subrecipient.

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>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>

<table>
<thead>
<tr>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<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>Condition</th>
<th>Yes</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</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.
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>Partner</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td></td>
<td></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>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>Weekly</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? 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: Georgia Housing & Finance Authority | 099306029 |
| Project: Welcome House S+CR                   | 171997    |

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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. No
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: 45
Total Beds: 45
Total Dedicated CH Beds: 45

<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>45</td>
<td>45</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: 45
   b. Beds: 45

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   45
   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: 234 Memorial drive
   Street 2:
   City: Atlanta
   State: Georgia
   ZIP Code: 30303

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>45</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>45</td>
<td>0</td>
<td>45</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>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>45</td>
<td>0</td>
<td>45</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 Non-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>
<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>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>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>

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 Non-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>32</td>
<td>0</td>
<td>13</td>
<td>41</td>
<td>8</td>
<td>45</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>32</td>
<td>0</td>
<td>13</td>
<td>41</td>
<td>8</td>
<td>45</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 Non-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>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>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>
<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>
<td>0</td>
</tr>
</tbody>
</table>

Applicant: Georgia Housing & Finance Authority 099306029
Project: Welcome House S+CR 171997

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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>PRA</td>
<td>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>45</td>
<td>$353,700</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $353,700
Total Units: 45
# Rental Assistance Budget Detail

**Type of Rental Assistance:** PRA

**Metropolitan or non-metropolitan fair market rent area:** GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

**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>45</td>
<td>$655</td>
<td>$655</td>
<td>x 12</td>
<td>$353,700</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$873</td>
<td>$873</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$898</td>
<td>$898</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,031</td>
<td>$1,031</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,344</td>
<td>$1,344</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>$1,651</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>$1,899</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>$2,146</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>$2,394</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>$2,642</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>$2,889</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>45</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$353,700</strong></td>
</tr>
</tbody>
</table>

**Grant Term**

- 1 Year

**Total Request for Grant Term**

- $353,700

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: | $93,443 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $93,443 |

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>Project interconn...</td>
<td>08/15/2019</td>
<td>$93,443</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: Project interconnections, Inc
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: $93,443
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>$353,700</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>$353,700</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$20,071</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$373,771</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$93,443</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$93,443</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$467,214</td>
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</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>PII 501c3</td>
<td>12/18/2013</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: PII 501c3

Attachment Details

Document Description:

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.

**Name of Authorized Certifying Official** Shawn Williams  
**Date:** 08/23/2019  
**Title:** Director, Housing Assistance Division  
**Applicant Organization:** Georgia Housing and Finance 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>
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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>
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<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>
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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>
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</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):

2a - update amount

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>08/15/2019</td>
</tr>
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<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>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 48</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>08/15/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/15/2019</td>
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<tr>
<td>1H. HUD-50070</td>
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<tr>
<td>1I. Cert. Lobbying</td>
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<tr>
<td>1J. SF-LLL</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>08/15/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/15/2019</td>
</tr>
<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>08/15/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/15/2019</td>
</tr>
</tbody>
</table>
Dear Applicant,

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantees and contributors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantees and contributors may continue to rely on the advance determination until the Service makes a final determination of your foundation status.

If notice that you will no longer be treated as a publicly supported or-
organization is published in the Internal Revenue Bulletin; grantees and contributors may not rely on this determination after the date of such publication. In addition, if you lose your status as a publicly supported organization and grantor or contributor was responsible for, or was aware of, the act or failure to act that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that the Service had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date such knowledge was acquired.

If your sources of support, or your purpose, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name and address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are 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, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you for your 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.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your 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 your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that
number on all returns you file and in all correspondence with the Internal Revenue Service.

If the heading of this letter indicates that a caveat applies, the caveat or on the enclosure is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Paul Williams
District 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.
1. Type of Submission: Application
2. Type of Application: Renewal Project Application

   If "Revision", select appropriate letter(s):
   
   If "Other", specify:
   
3. Date Received: 08/14/2019

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

5b. Federal Award Identifier: GA0268
   
   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: Travelers Aid of Metropolitan Atlanta, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-0566247
   c. Organizational DUNS: 086078748
      PLUS 4
   d. Address
      Street 1: 34 Peachtree Street NW
      Street 2: Suite 700
      City: Atlanta
      County: Fulton
      State: Georgia
      Country: United States
      Zip / Postal Code: 30303
   e. Organizational Unit (optional)
      Department Name: Supportive Housing Program
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Ashley
      Middle Name:
      Last Name: Williams
      Suffix:
      Title: Deputy Director - Service Delivery
      Organizational Affiliation: Travelers Aid of Metropolitan Atlanta, Inc.
      Telephone Number: (404) 594-6739
Extension: 
Fax Number: (404) 223-0968 
Email: aswilliams@hopeatlanta.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):
   Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Atlanta PSH 2019

16. Congressional District(s):
   (for multiple selections hold CTRL key)
   b. Project: GA-005, GA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 11/01/2019
   b. End Date: 10/31/2020

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: Mr.
First Name: Jeff
Middle Name:
Last Name: Smythe
Suffix:
Title: Executive Director

Telephone Number: (404) 817-7070
(Format: 123-456-7890)
Fax Number: (404) 223-0968
(Format: 123-456-7890)
Email: jsmythe@hopeatlanta.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/14/2019
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:       | Travelers Aid of Metropolitan Atlanta, Inc.        |
   | Prefix:                  | Mr.                                                 |
   | First Name:              | Jeff                                                |
   | Last Name:               | Smythe                                              |
   | Suffix:                  |                                                     |
   | Title:                   | Executive Director                                  |

   Organizational Affiliation: Travelers Aid of Metropolitan Atlanta, Inc.

   | Telephone Number:        | (404) 817-7070                                       |
   | Extension:               | 130                                                  |
   | Email:                   | jsmythe@hopeatlanta.org                              |
   | City:                    | Atlanta                                             |
   | County:                  | Fulton                                               |
   | State:                   | Georgia                                             |
   | Country:                 | United States                                       |
   | Zip/Postal Code:         | 30303                                               |

2. Employer ID Number (EIN): 58-0566247

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $306,181.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Atlanta PSH 2019 34 Peachtree Street NW
Atlanta Georgia

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>N/A</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>08/21/2019</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>N/A</td>
<td>NA</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:** Jeff Smythe, Executive Director

**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: Travelers Aid of Metropolitan Atlanta, 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 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

Applicant: Travelers Aid of Metropolitan Atlanta, Inc.  Project: Atlanta PSH 2019

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: Mr.
First Name: Jeff
Middle Name
Last Name: Smythe
Suffix:
Title: Executive Director
Telephone Number: (404) 817-7070
(Format: 123-456-7890)
Fax Number: (404) 223-0968
(Format: 123-456-7890)
Email: jsmythe@hopeatlanta.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/14/2019
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: Travelers Aid of Metropolitan Atlanta, Inc.

Name / Title of Authorized Official: Jeff Smythe, Executive Director

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

Date Signed: 08/14/2019
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: Jeff
Last Name: Smythe
Suffix:
Title: Executive Director

Telephone Number: (404) 817-7070
(Format: 123-456-7890)
Fax Number: (404) 223-0968
(Format: 123-456-7890)

Email: jsmythe@hopeatlanta.org

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

Date Signed: 08/14/2019
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 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.
   Many of the apartments we leased fell below FMR which caused a surplus.
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

| Organization | Type | Type | Sub-Award Amo  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>unt</td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: GA0268
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Atlanta PSH 2019

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.

The Atlanta PSH Project leases 20, 1-bedroom apartments, to provide housing to chronically homeless and DedicatedPLUS individuals, with multiple barriers to housing stability, such as mental illness, substance abuse, chronic health conditions, developmental and/or physical disabilities. The program currently leases apartments on two (2) properties and has an onsite office at one of them. Housing is located on MARTA lines (train and/or bus) and is accessible to other necessary amenities. Criteria for selecting housing locations includes accessibility, safety, affordability, and they must be able to pass a HUD housing inspection.

In addition to housing assistance, the program also provides ongoing case management and supportive services in order to help clients achieve success. With their assigned case manager each participant develops an Individual Service Plan (ISP) that outlines short and long term goals needed to achieve financial stability and stable housing. The ISP is tailored to meet the unique needs of each individual, but typically includes budget planning and credit repair, accessing mainstream benefits and services, employment assistance, life skills training, housing advocacy, and assistance with supplemental needs such as transportation, food, clothing, furniture, and housewares. Many of these services are provided in-house, but for those that are not, consumers are provided with information and referrals to other service providers.

This is a Housing First program that works closely with the CoC’s Coordinated Assessment System to house the most highly prioritized individuals according to the VI-SPDAT assessment that will be utilized for that purpose. A Harm Reduction approach is used to meet the client where they are at currently in their lives and the ISP will reflect positive planning without being used as a tool to force specific behaviors or as a punitive enforcement document. Referral sources for job readiness, employment training, resume building, and employment include First Step, Goodwill, and the Atlanta Workforce Development Agency. Any eligible individuals are also assisted with applying for mainstream benefits such as SSI/SSDI, SNAP, VA benefits, Medicare/Medicaid, unemployment, and disability benefits in order increase 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></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) | X |

Other: 100% Dedicated

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>
</table>

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

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

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

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

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

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

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.

<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>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>Bi-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>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>Monthly</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>Weekly</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>

Click 'Save' to update.

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: 20
- Total Beds: 20
- Total Dedicated CH Beds: 20

<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>20</td>
<td>20</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: 20
   b. Beds: 20

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   20
   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: 34 Peachtree Street, NW
   Street 2: Suite 700
   City: Atlanta
   State: Georgia
   ZIP Code: 30303

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>19</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</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>20</td>
<td>0</td>
<td>20</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>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>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>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>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>17</td>
<td>2</td>
<td>0</td>
<td>10</td>
<td>1</td>
<td>17</td>
<td>2</td>
<td>3</td>
<td>1</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>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>18</td>
<td>2</td>
<td>0</td>
<td>10</td>
<td>1</td>
<td>18</td>
<td>2</td>
<td>3</td>
<td>1</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>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>Development 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

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  X
   - Leased Structures
   - Rental Assistance
   - Supportive Services  X
   - 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>GA - Atlanta-Sand...</td>
<td>20</td>
<td>$208,685</td>
<td>$208,685</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $208,685

Grant Term: 1 Year

Total Request for Grant Term: $208,685

Total Units: 20

08/21/2019
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:**
- GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

### 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>20</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>20</strong></td>
<td><strong>$208,685</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grant Term</th>
<th><strong>1 Year</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td><strong>$208,685</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.

<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. 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>Travelers Aid</td>
<td>08/14/2019</td>
<td>$24,374</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:  Travelers Aid (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:  $24,374
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>$208,685</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>$40,000</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$37,981</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$286,666</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$19,515</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$306,181</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$24,374</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$24,374</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$330,555</td>
</tr>
</tbody>
</table>

Applicant: Travelers Aid of Metropolitan Atlanta, Inc.
Project: Atlanta PSH 2019

Renewal Project Application FY2019
Page 39
08/21/2019
### 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>Updated Match Letter</td>
<td>08/08/2018</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: Updated 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  Jeff Smythe
Date: 08/14/2019
Title: Executive Director

Applicant Organization: Travelers Aid of Metropolitan Atlanta, Inc.
Certifications:

### 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

<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>
</tbody>
</table>

Applicant: Travelers Aid of Metropolitan Atlanta, Inc.

Project: Atlanta PSH 2019
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/12/2019</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>08/12/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/12/2019</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>08/12/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>6B. Leased Units</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/12/2019</td>
</tr>
</tbody>
</table>
August 08, 2018

U.S. Department of Housing & Urban Development
Five Points Plaza Building
40 Marietta Street
Atlanta, GA 30303

RE: Match Commitment for Atlanta PSH 2018 - GA0268L4B001704

To Whom It May Concern:

Travelers Aid of Metropolitan Atlanta, Inc. (dba HOPE Atlanta) commits to provide a contribution of $24,009.00 in cash for the grant period of November 1, 2019 through October 31, 2020 as match for the Atlanta PSH 2018 - GA0268L4B001704.

Our contribution will be used to match eligible costs under 24 CFR 578 Subpart D for Leasing, Operating, Supportive Services and Administration. Travelers Aid of Metropolitan Atlanta, Inc. will keep and make available for inspection records documenting the cash match provided.

Sincerely,

Edward Powers
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: 08/21/2019

4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: GA0262

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: Partnership Against Domestic Violence
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1314556

c. Organizational DUNS: 151024999
   PLUS 4

d. Address
   Street 1: P.O. Box 170225
   Street 2:
   City: Atlanta
   County: Fulton
   State: Georgia
   Country: United States
   Zip / Postal Code: 30317

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: Whitney
   Middle Name:
   Last Name: McGinniss
   Suffix:
   Title: Housing Grant Specialist
   Organizational Affiliation: Partnership Against Domestic Violence
   Telephone Number: (404) 991-7411
Extension:
Fax Number: (404) 870-9611
Email: whitney.mcginniss@padv.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:**

---

**Applicant:** Partnership Against Domestic Violence  151024999

**Project:** PADV PH Project - City of Atlanta  177638
1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: PADV PH Project - City of Atlanta

16. Congressional District(s):
      (for multiple selections hold CTRL key)
   b. Project: GA-005, GA-013
      (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:
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: Nancy
Middle Name: 
Last Name: Friauf
Suffix: 
Title: President & CEO
Telephone Number: (404) 870-9761
(Format: 123-456-7890)
Fax Number: (404) 870-9611
(Format: 123-456-7890)
Email: nancy.friauf@padv.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: Partnership Against Domestic Violence
   Prefix: Ms.
   First Name: Nancy
   Middle Name: 
   Last Name: Friauf
   Suffix: 
   Title: President & CEO

Organizational Affiliation: Partnership Against Domestic Violence

Telephone Number: (404) 870-9761

   Extension: 
   Email: nancy.friauf@padv.org
   City: Atlanta
   County: Fulton
   State: Georgia
   Country: United States
   Zip/Postal Code: 30317

2. Employer ID Number (EIN): 58-1314556

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $176,918.00

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

PADV PH Project - City of Atlanta P.O. Box 170225 Atlanta Georgia

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>Not applicable</td>
<td>n/a</td>
<td>$0.00</td>
<td>0</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>08/21/2019</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: Nancy Friauf, President & CEO

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

Date Signed: 08/14/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Partnership Against Domestic Violence

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. 

X

Renewal Project Application FY2019

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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: Nancy
Middle Name
Last Name: Friauf
Suffix:
Title: President & CEO
Telephone Number: (404) 870-9761
(Format: 123-456-7890)
Fax Number: (404) 870-9611
(Format: 123-456-7890)
Email: nancy.friauf@padv.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 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: Partnership Against Domestic Violence

Name / Title of Authorized Official: Nancy Friauf, President & CEO

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

Date Signed: 08/21/2019
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: Partnership Against Domestic Violence
Street 1: P.O. Box 170225
Street 2:
City: Atlanta
County: Fulton
State: Georgia
Country: United States
Zip / Postal Code: 30317

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: Partnership Against Domestic Violence
Project: PADV PH Project - City of Atlanta

Renewal Project Application FY2019 Page 16 08/21/2019
Authorized Representative

Prefix: Ms.
First Name: Nancy
Middle Name: 
Last Name: Friauf
Suffix: 
Title: President & CEO

Telephone Number: (404) 870-9761
(Format: 123-456-7890)
Fax Number: (404) 870-9611
(Format: 123-456-7890)

Email: nancy.friauf@padv.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 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? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

Our most recent APR was submitted on 3/22/19. As a certified domestic violence agency in Georgia, we have historically been required by the Georgia Criminal Justice Coordinating Council to utilize the Apricot database. Apricot does not generate accurate APR data, and PADV has encountered difficulty manually calculating and entering APR information. However, as of January 2019, we are using ClientTrack, the Georgia Department of Community Affairs's approved HMIS database. PADV has also hired a Database & Evaluation Coordinator and a Housing Grant Specialist, who will assist in the timely generation of APRs going forward.

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.

PADV was unable to utilize all of our HUD funding during the most recently expired grant period due to delays housing clients under our previous PBRA housing model. Previously, our PBRA housing partner - Shamrock Gardens Apartments - had a months-long wait for open apartments. This lead to delays securing housing for our clients and resulted in unspent funds. As of December 2018, PADV has switched to a TBRA housing model and has been able to house clients more quickly as a result of this change. Additionally, PADV has enacted several administrative changes, including hiring a full-time Chief Financial Officer and part-time Housing Grant Specialist. These individuals will monitor grant expenditures and recommend adjustments to ensure HUD funds are more fully utilized by our organization. With these changes, we anticipate that our grants will be fully expended in the future.
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>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: GA0262
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: PADV PH Project - City of Atlanta

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

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

PADV will utilize funds to provide Rapid Re-Housing rental assistance and supportive services to 10 households of adults and children who are homeless due to domestic violence. The families will be housed in units located in Atlanta with access to public transportation. Support services include case management, job readiness training, and assistance with transportation, childcare, legal issues, medical and mental health issues, and other services as needed. For individuals eligible for public benefits, the Supportive Housing Advocate will assist them in the application process.

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>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
<td>HIV/AIDS</td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update)

Other:

3. Housing First

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

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>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>

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>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>

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>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>Annually</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>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. No
4B. Housing Type and Location

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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>10</td>
<td>18</td>
</tr>
</tbody>
</table>

Total Units: 10
Total Beds: 18
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: 18

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 170225
   Street 2: 
   City: Atlanta
   State: Georgia
   ZIP Code: 30317

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>7</td>
<td>3</td>
<td>0</td>
<td>10</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>7</td>
<td>3</td>
<td></td>
<td>10</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>8</td>
<td>0</td>
<td></td>
<td>8</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>15</td>
<td>3</td>
<td>0</td>
<td>18</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 Non-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>7</td>
<td>2</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>8</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>15</td>
<td>2</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 Non-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>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>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>
<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 Non-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>------------------------------------</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></td>
<td></td>
</tr>
</tbody>
</table>

**Applicant:** Partnership Against Domestic Violence

**Project:** PADV PH Project - City of Atlanta

<table>
<thead>
<tr>
<th>Unaccompanied Children under age 18</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<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>
</tr>
</tbody>
</table>
6A. Funding Request

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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

Applicant: Partnership Against Domestic Violence
Project: PADV PH Project - City of Atlanta

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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>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>10</td>
<td>$122,688</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $122,688
Total Units: 10
Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

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>1</td>
<td>$655</td>
<td>$655</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$873</td>
<td>$873</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>3</td>
<td>$898</td>
<td>$898</td>
<td>12</td>
<td>$32,328</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>6</td>
<td>$1,031</td>
<td>$1,031</td>
<td>12</td>
<td>$74,232</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>1</td>
<td>$1,344</td>
<td>$1,344</td>
<td>12</td>
<td>$16,128</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>$1,651</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>$1,899</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>$2,146</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>$2,394</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>$2,642</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>$2,889</td>
<td>12</td>
<td>$0</td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested 10 $122,688

Grant Term 1 Year

Total Request for Grant Term $122,688

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>$47,997</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>$47,997</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>Partnership Again...</td>
<td>08/01/2018</td>
<td>$47,997</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:  Partnership Against Domestic Violence
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment:  08/01/2018

6. Value of Written Commitment:  $47,997
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>$122,688</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$38,230</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>$160,918</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$16,000</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$176,918</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$47,997</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$47,997</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$224,915</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:
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**  Nancy Friauf

**Date:** 08/21/2019

**Title:** President & CEO

**Applicant Organization:** Partnership Against Domestic Violence
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>
</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>
</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>6C. Rental Assistance</td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
<tr>
<td>6E. Summary Budget</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):

PADV would like to increase funding to administrative operations in order to better reflect true program costs and expenses.

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: Partnership Against Domestic Violence
Project: PADV PH Project - City of Atlanta

<table>
<thead>
<tr>
<th>Page Description</th>
<th>Last Updated</th>
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</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/14/2019</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>08/15/2019</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2019 Page 46 08/21/2019
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>1l. Cert. Lobbying</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/14/2019</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>08/14/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/14/2019</td>
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<tr>
<td>2A. Subrecipients</td>
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<td>3A. Project Detail</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/14/2019</td>
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<tr>
<td>4B. Housing Type</td>
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<tr>
<td>5A. Households</td>
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</tr>
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<td>5B. Subpopulations</td>
<td>No Input Required</td>
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<tr>
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<tr>
<td>6D. Match</td>
<td>08/14/2019</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>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/14/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/14/2019</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: 07/31/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: GA0314
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: Project Community Connections, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-2373779
   c. Organizational DUNS: 015756900 PLUS 4

   d. Address
      Street 1: 302 Decatur Street SE
      City: Atlanta
      County: 
      State: Georgia
      Country: United States
      Zip / Postal Code: 30312

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

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: Jimiyu
      Middle Name: 
      Last Name: Evans
      Suffix: 
      Title: Co-CEO
      Organizational Affiliation: Project Community Connections, Inc.
      Telephone Number: (404) 561-2402
Extension:
Fax Number:  (404) 215-9393
Email:  jevans@pccihome.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): Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: PCCI Rapid Re-Housing City of Atlanta

16. Congressional District(s):
   a. Applicant: GA-007, GA-005, GA-004, GA-013
   (for multiple selections hold CTRL key)
   b. Project: GA-005
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 11/01/2019
   b. End Date: 10/31/2020

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?

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

b. Program is subject to E.O. 12372 but has not been selected by 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: Margaret
Middle Name:
Last Name: Schuelke
Suffix:
Title: Co-CEO
Telephone Number: (Format: 123-456-7890)
(404) 588-9511
Fax Number: (Format: 123-456-7890)
(404) 215-9393
Email: mschuelke@pccihome.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 07/31/2019
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: Project Community Connections, Inc.
   Prefix: Ms.
   First Name: Margaret
   Middle Name:
   Last Name: Schuelke
   Suffix:
   Title: Co-CEO

   Organizational Affiliation: Project Community Connections, Inc.
   Telephone Number: (404) 588-9511
   Extension:
   Email: mschuelke@pccihome.org
   City: Atlanta
   County:
   State: Georgia
   Country: United States
   Zip/Postal Code: 30312

2. Employer ID Number (EIN): 58-2373779

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $421,337.00

   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity: PCCI Rapid Re-Housing City of Atlanta 302 Decatur Street SE Atlanta Georgia

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>
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<td>HUD SHP</td>
<td>$415,373.00</td>
<td>Rapid Rehousing</td>
</tr>
<tr>
<td>HUD/GA BoS CoC</td>
<td>HUD SHP</td>
<td>228850.0</td>
<td>Rapid Rehousing</td>
</tr>
<tr>
<td>HUD/GA BoS2 CoC</td>
<td>HUD SHP</td>
<td>$525,042.00</td>
<td>Rapid Rehousing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**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>08/22/2019</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:** Margaret Schuelke, Co-CEO

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

**Date Signed:** 07/31/2019

<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 in Project/Activity ($)</th>
<th>Participation in Project/Activity (%)</th>
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</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Project Community Connections, 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. 

Applicant: Project Community Connections, Inc.
Project: PCCI Rapid Re-Housing City of Atlanta

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: Margaret
Middle Name
Last Name: Schuelke
Suffix:
Title: Co-CEO
Telephone Number: (404) 588-9511
(Format: 123-456-7890)
Fax Number: (404) 215-9393
(Format: 123-456-7890)
Email: mschuelke@pccihome.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 07/31/2019
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: Project Community Connections, Inc.

Name / Title of Authorized Official: Margaret Schuelke, Co-CEO

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

Date Signed: 07/31/2019
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: Project Community Connections, Inc.

Street 1: 302 Decatur Street SE
Street 2:
City: Atlanta
County: Fulton
State: Georgia
Country: United States
Zip / Postal Code: 30312

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: Project Community Connections, Inc.
Project: PCCI Rapid Re-Housing City of Atlanta
Authorized Representative

Prefix: Ms.
First Name: Margaret
Middle Name:
Last Name: Schuelke
Suffix:
Title: Co-CEO

Telephone Number: (404) 588-9511
(Format: 123-456-7890)

Fax Number: (404) 215-9393
(Format: 123-456-7890)

Email: mschuelke@pccihome.org

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

Date Signed: 07/31/2019
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></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: GA0314
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: PCCI Rapid Re-Housing City of Atlanta

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.

The City of Atlanta faces a growing need for permanent housing options for individuals and families experiencing homelessness. This need is well documented in PIT counts, research papers, news reports and by the sheer number of referrals for services to homeless providers. If approved for funding, PCCI will effectively join the effort to end homelessness in Atlanta and to serve households – particularly those with higher barriers and greater need. As envisioned, PCCI will quickly rehouse 50 households coming from the streets or shelters in the defined geographic areas. Based on past experience, we project that over 90 percent of households existing the program during the grant period will exit to a permanent destination, over 80 percent will remain in housing during the grant term and over 70 percent will maintain and/or increase income. The availability of safe, affordable and optimal housing choices is becoming more difficult to access so our work is more critical than ever. One of the basic principles of a successful rapid re-housing model, is to create viable housing opportunities not previously available through landlord partnerships – especially for persons with poor or no credit/rental history, very low incomes and/or other housing barriers. For over a 15 years, PCCI has invested considerable resources in building an established landlord portfolio in a number of housing settings so that we may offer each consumer a variety of appropriate housing options. We minimize risk to landlords by providing consumers with temporary financial assistance, advocacy, housing locator services and follow-up case management that helps reduce housing barriers and improve self-sufficiency. PCCI’s services intend to end the cycle of homelessness and assist with the transition to more successful and independent living. Staff act as coaches and facilitators to assist with identifying goals and objectives and creating the road map or plan to achieve the desired outcomes. PCCI’s case management services are not mandatory and do not require home visits as a condition to remaining in the program. PCCI works with over 40 area shelters and other agencies to identify project participants and with the the Atlanta CoCs coordinated assessment process. PCCI will combine HUD SHP funds with other private and public sources to successfully house and maintain program participants in housing. PCCI will match and leverage other dollars to pay for utility payments, rental application fees, purchase emergency household kits and pay for operating expenses. Additionally, households not fitting the program scope that will be referred to other PCCI rapid rehousing programs so that we can do everything possible to "screen in" households in need to be as effective and efficient as possible.
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><strong>X</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

<table>
<thead>
<tr>
<th>Loss of income or failure to improve income</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>
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>Annually</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>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>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>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>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>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>Annually</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: 12
Total Beds: 21

<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>12</td>
<td>21</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: 12
   b. Beds: 21

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: 302 Decatur Street, SE
   Street 2:
   City: Atlanta
   State: Georgia
   ZIP Code: 30312

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
### 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>35</td>
<td>15</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>35</td>
<td>13</td>
<td></td>
<td>48</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>10</td>
<td>2</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>65</td>
<td>0</td>
<td>0</td>
<td>65</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>110</td>
<td>15</td>
<td>0</td>
<td>125</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>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>10</td>
<td>10</td>
<td>4</td>
<td>20</td>
<td>2</td>
<td>8</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>24</td>
<td>0</td>
<td>3</td>
<td>38</td>
<td>38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>12</td>
<td>12</td>
<td>4</td>
<td>22</td>
<td>2</td>
<td>9</td>
<td>33</td>
<td>2</td>
<td>6</td>
<td>41</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>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>8</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>5</td>
<td>4</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>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>9</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>5</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>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>
</tbody>
</table>

Applicant: Project Community Connections, Inc.  
Project: PCCI Rapid Re-Housing City of Atlanta
Describe the unlisted subpopulations referred to above:

Based on past experience, we believe that we will serve children who do not fit into any category listed above. In other words, they may not meet the criteria for chronically homeless, nor will they battle substance abuse nor be diagnosed with any of the conditions in the list 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? 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

Applicant: Project Community Connections, Inc.
Project: PCCI Rapid Re-Housing City of Atlanta

Renewal Project Application FY2019 Page 34 08/22/2019
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</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>12</td>
<td>$133,140</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $133,140
Total Units: 12
## Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

**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>4</td>
<td>$655</td>
<td>$655</td>
<td>x 12</td>
<td>= $31,440</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>0</td>
<td>$873</td>
<td>$873</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>3</td>
<td>$898</td>
<td>$898</td>
<td>x 12</td>
<td>= $32,328</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>3</td>
<td>$1,031</td>
<td>$1,031</td>
<td>x 12</td>
<td>= $37,116</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>2</td>
<td>$1,344</td>
<td>$1,344</td>
<td>x 12</td>
<td>= $32,256</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>$1,651</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>$1,899</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>$2,146</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>$2,394</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>$2,642</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>$2,889</td>
<td>x 12</td>
<td>= $0</td>
</tr>
</tbody>
</table>

| Total Units and Annual Assistance Requested | 12 | = $133,140 |
| Grant Term | 1 Year |
| Total Request for Grant Term | = $133,140 |

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: | $105,334 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $105,334 |

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>PCCI Cash Reserves</td>
<td>07/25/2019</td>
<td>$105,334</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: PCCI Cash Reserves
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/25/2019
6. Value of Written Commitment: $105,334
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>$133,140</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$251,506</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>$384,646</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$36,691</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$421,337</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$105,334</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$105,334</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$526,671</td>
</tr>
</tbody>
</table>

Applicant: Project Community Connections, Inc. 582373779
Project: PCCI Rapid Re-Housing City of Atlanta 173462
## 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>Nonprofit Status ...</td>
<td>08/14/2017</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>PCCI Cash Match</td>
<td>07/25/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  Nonprofit Status Document

Attachment Details

Document Description:  PCCI Cash Match

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**  Margaret Schuelke

**Date:**  07/31/2019

**Title:**  Co-CEO

**Applicant Organization:**  Project Community Connections, 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></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>

<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):

PCCI follows the principals and practices of Housing First. Please note changes in the appropriate sections. Match documentation updated.

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>07/31/2019</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>07/31/2019</td>
</tr>
</tbody>
</table>

---

**Applicant:** Project Community Connections, Inc.

**Project:** PCCI Rapid Re-Housing City of Atlanta
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1E. SF-424 Compliance</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>07/31/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>07/31/2019</td>
</tr>
</tbody>
</table>
Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)
Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Lois G. Lerner
Director, Exempt Organizations
July 25, 2019

Ms. Roxanne H. McIver  
Atlanta Office of Community Planning and Development  
U.S. Department of Housing and Urban Development  
Five Points Plaza  
40 Marietta Street, SW  
15th Floor  
Atlanta, GA 30303-2806

Dear Ms. McIver:

    SUBJECT:  Cash Match: HUD SHP FY2019 COA

Please accept this documentation as PCCI’s commitment to provide the required cash match of $105,334 for the project mentioned above.

Sincerely,

/Margaret R. Schuelke/

Margaret R. Schuelke  
Co-CEO

302 Decatur Street, SE, Atlanta, GA 30312
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: GA0275

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: Project Interconnections, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1899845

   d. Address
      Street 1: 2198 Dresden Drive
      City: Chamblee
      County: 
      State: Georgia
      Country: United States
      Zip / Postal Code: 30341

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

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: Keith
      Middle Name: Donald
      Last Name: Dutton
      Suffix: 
      Title: Director of Operations
      Organizational Affiliation: Project Interconnections, Inc.
      Telephone Number: (267) 320-8810
Extension:
Fax Number:  (404) 325-0313
Email:  kdutton@the3keys.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): Georgia
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: A Way Home

16. Congressional District(s):
   a. Applicant: GA-005
   (for multiple selections hold CTRL key)
   b. Project: GA-005
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2019
   b. End Date: 06/30/2020

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: Mrs.
First Name: Darlene
Middle Name: 
Last Name: Schultz
Suffix: 
Title: President/CEO
Telephone Number: (678) 613-6574
(Format: 123-456-7890)
Fax Number: (404) 320-0313
(Format: 123-456-7890)
Email: dschultz@the3keys.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)

1G. HUD 2880

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Project Interconnections, Inc.
Prefix: Mrs.
First Name: Darlene
Middle Name:
Last Name: Schultz
Suffix:
Title: President/CEO
Organizational Affiliation: Project Interconnections, Inc.
Telephone Number: (678) 613-6574
Extension:
Email: dschultz@the3keys.org
City: Chamblee
County:
State: Georgia
Country: United States
Zip/Postal Code: 30341

2. Employer ID Number (EIN): 58-1899845

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received:
   $178,821.00
   (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 Way Home 2198 Dresden Drive Chamblee Georgia

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>Partners for Home 818 Pollard St SE, Atlanta, GA, 30308</td>
<td>Grant</td>
<td>$210,000.00</td>
<td>Leasing units/Support Services/Operating Cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></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 $50,000 or 10 percent of the assistance (whichever is lower).
<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burton, Melissa</td>
<td>001</td>
<td>Financial Controller</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Hughes, Diane</td>
<td>002</td>
<td>Site Supervisor</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Morgan, Stephanie</td>
<td>003</td>
<td>Case Manager</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:** Darlene Schultz, President/CEO

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

**Date Signed:** 08/16/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Project Interconnections, 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 Federal agency 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 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.

Applicant: Project Interconnections, Inc.

Project: A Way Home

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: Mrs.
First Name: Darlene
Middle Name: Schulz
Last Name: Schultz
Title: President/CEO
Telephone Number: (678) 613-6574
Fax Number: (404) 320-0313
Email: dschultz@the3keys.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: Project Interconnections, Inc.

Name / Title of Authorized Official: Darlene Schultz, President/CEO

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

Date Signed: 08/16/2019
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: Project Interconnections, Inc.
Street 1: 2198 Dresden Drive
Street 2:
City: Chamblee
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30341

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: Mrs.
First Name: Darlene
Middle Name: 
Last Name: Schultz
Suffix: 
Title: President/CEO

Telephone Number: (678) 613-6574
(Format: 123-456-7890)
Fax Number: (404) 320-0313
(Format: 123-456-7890)

Email: dschultz@the3keys.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?
   - Yes

   Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

   A Way Home has tenants paying their rental portion, which causes us to have unexpended funds. A Way Home plans to utilize all funds in future grant cycles.
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
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>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: GA0275
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: A Way Home

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.

The A Way Home Program provides a Housing First model for 11 chronically homeless individuals in the City of Atlanta. The 1 bedroom units leased for residents provide single men and women with the stabilization of housing. 3Keys (formerly known as Project Interconnections, Inc.) projects that our housing stability rate will be at 85% with income for residents being 55%. Program staff from 3Keys and the Grady ACT Team provide a comprehensive system of client centered, strengths-based case management services and supports to help clients maximize their daily functioning and maintain successful tenancy. This housing first-focused approach with persons coping with mental health disorders and/or substance addiction is intended to end the cycle of homelessness and assist clients with the transition to more successful and independent living.

Each client served is actively involved in the treatment planning process. As it is the programs desire to meet the client at their level of functioning. Program staff's endeavors will be to assure prospective clients have treatment plans that are tailored to their level of engagement. Further, staff will ensure that treatment plans identify and reflect participant’s physical, mental, social, and cultural needs.

As success is based on individual abilities and strengths, the duration of case management and other services will be routinely monitored and evaluated. The most intensive level of service will feature daily contact, determined during the clients intake. This allows comprehensive support to our most severely disabled clients. As the client progresses through their goals and increases their ability to self-manage, case management intensity can be modified to allow for mutually agreed upon, reduced client engagement. 3Keys collaborates with a host of licensed service providers to assist participants in coping with their special needs, most notably the Grady ACT Team. Many residents will be engaged in outpatient drug treatment or day treatment settings with mental health providers, as they choose. Grady ACT provides a comprehensive, multi-level approach to its interventions designed to expand the network of peer and professional support for every participating client. 3Keys will work closely with this provider to ensure services are in line with resident needs. 3Keys and Grady Act Team either directly or through collaboration with other providers, offer program participants a variety of recovery support services designed to strengthen or sustain treatment gains as the client chooses. Staff engage in individual and group counseling activities as well as leverage services from

Applicant: Project Interconnections, Inc.
Project: A Way Home

Renewal Project Application FY2019

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08/21/2019
partnering providers to address needs related to mental illness or HIV/AIDS.

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>

| Youth (under 25) | Mental Illness |
|------------------|               |
|                  | X              |

<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></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Active or history of substance use</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></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>X</td>
<td></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>X</td>
<td></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></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</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.
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>Weekly</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>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>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>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>Daily</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>Daily</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>Daily</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</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

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: 11
Total Beds: 11
Total Dedicated CH Beds: 11

<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>11</td>
<td>11</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:  11
   b. Beds:  11

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   11
   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:  2280 Campbellton Road
   Street 2:  
   City:  Atlanta
   State:  Georgia
   ZIP Code:  30311

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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></td>
<td>11</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>11</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>11</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></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>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>6</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>11</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>22</td>
<td>6</td>
<td>17</td>
<td>6</td>
<td>11</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>
<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>
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>1. Do any of the properties in this project have an active restrictive covenant?</td>
<td>No</td>
</tr>
<tr>
<td>2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?</td>
<td>No</td>
</tr>
<tr>
<td>3. Does this project propose to allocate funds according to an indirect cost rate?</td>
<td>No</td>
</tr>
<tr>
<td>4. Renewal Grant Term:</td>
<td>1 Year</td>
</tr>
<tr>
<td>5. Select the costs for which funding is being requested:</td>
<td></td>
</tr>
<tr>
<td>Leased Units</td>
<td>X</td>
</tr>
<tr>
<td>Leased Structures</td>
<td></td>
</tr>
<tr>
<td>Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>Supportive Services</td>
<td>X</td>
</tr>
<tr>
<td>Operating</td>
<td>X</td>
</tr>
<tr>
<td>HMIS</td>
<td></td>
</tr>
</tbody>
</table>
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>GA - Atlanta-Sand...</td>
<td>11</td>
<td>$114,498</td>
<td>$114,498</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $114,498
Grant Term: 1 Year
Total Request for Grant Term: $114,498
Total Units: 11
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: GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

<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>11</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>11</strong></td>
<td><strong>$114,498</strong></td>
</tr>
</tbody>
</table>

Grant Term | 1 Year |

Total Request for Grant Term | $114,498 |

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>$16,081</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$16,081</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>3Keys, Inc.</td>
<td>08/16/2019</td>
<td>$16,081</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: 3Keys, Inc.
   (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: $16,081
6E. Summary Budget

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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>$114,498</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>$25,689</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$28,511</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$168,698</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$10,123</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$178,821</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$16,081</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$16,081</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$194,902</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: A Way Home Cash 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: Darlene Schultz
Date: 08/16/2019
Title: President/CEO
Applicant Organization: Project Interconnections, 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>
</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>[ ]</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
</tr>
<tr>
<td>[ ]</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>[ ]</td>
</tr>
<tr>
<td>4B. Housing Type</td>
</tr>
<tr>
<td>[ ]</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>[ ]</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
<tr>
<td>[ ]</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>[ ]</td>
</tr>
<tr>
<td>6B. Leased Units</td>
</tr>
<tr>
<td>[ ]</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):

- FMR Changed. Match amount changed.

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>08/16/2019</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>
</tbody>
</table>

Applicant: Project Interconnections, Inc.  
Project: A Way Home  

Renewal Project Application FY2019  
Page 47  
08/21/2019
<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/16/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/16/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/16/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/16/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/16/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/16/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/16/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/16/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/16/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/16/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
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<tr>
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</tr>
<tr>
<td>3B. Description</td>
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</tr>
<tr>
<td>3C. Dedicated Plus</td>
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<tr>
<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<td>5B. Subpopulations</td>
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</tr>
<tr>
<td>6D. Match</td>
<td>08/16/2019</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>7B. Certification</td>
<td>08/16/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/16/2019</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 (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: 08/15/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: GA0263
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
5. Date Received by State:
6. State Application Identifier:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
a. Legal Name: Project Interconnections, Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1899845

c. Organizational DUNS: 078797209  PLUS 4  0000

d. Address
   Street 1: 2198 Dresden Drive
   City: Chamblee
   County: 
   State: Georgia
   Country: United States
   Zip / Postal Code: 30341

   Organizational Unit (optional)
   Department Name:
   Division Name:

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
   First Name: Keith
   Middle Name: Donald
   Last Name: Dutton
   Suffix: 
   Title: Director of Operations
   Organizational Affiliation: Project Interconnections, Inc.
   Telephone Number: (267) 320-8810
Extension:
Fax Number: (404) 325-0313
Email: kdutton@the3keys.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):
   Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Bridges to Housing

16. Congressional District(s):
   a. Applicant: GA-005
   (for multiple selections hold CTRL key)
   b. Project: GA-005
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2019
   b. End Date: 11/30/2020

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: Mrs.
First Name: Darlene
Middle Name:
Last Name: Schultz
Suffix:
Title: President/CEO
Telephone Number: (678) 613-6574
(Format: 123-456-7890)
Fax Number: (404) 320-0313
(Format: 123-456-7890)
Email: dschultz@the3keys.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/15/2019
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

<table>
<thead>
<tr>
<th>Agency Legal Name:</th>
<th>Project Interconnections, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix:</td>
<td>Mrs.</td>
</tr>
<tr>
<td>First Name:</td>
<td>Darlene</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Schultz</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>President/CEO</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
<td>Project Interconnections, Inc.</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(678) 613-6574</td>
</tr>
<tr>
<td>Extension:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:dschultz@the3keys.org">dschultz@the3keys.org</a></td>
</tr>
<tr>
<td>City:</td>
<td>Chamblee</td>
</tr>
<tr>
<td>County:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td>Georgia</td>
</tr>
<tr>
<td>Country:</td>
<td>United States</td>
</tr>
<tr>
<td>Zip/Postal Code:</td>
<td>30341</td>
</tr>
</tbody>
</table>

2. Employer ID Number (EIN): 58-1899845

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $206,896.00

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

Bridges to Housing 2198 Dresden Drive
Chamblee Georgia

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>Partners for Home 818 Pollard St SE, Atlanta, GA, 30308</td>
<td>Grant</td>
<td>$210,000.00</td>
<td>Leasing units/Support Services/Operating Cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></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>Name</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>Burton, Melissa</td>
<td>001</td>
<td>Financial Controller</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Hughes, Diane</td>
<td>002</td>
<td>Site Supervisor</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Morgan, Stephanie</td>
<td>003</td>
<td>Case Manager</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: Darlene Schultz, President/CEO

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

Date Signed: 08/15/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Project Interconnections, 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 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 08/21/2019
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: Mrs.
First Name: Darlene
Middle Name
Last Name: Schultz
Suffix:
Title: President/CEO
Telephone Number: (678) 613-6574
(Format: 123-456-7890)
Fax Number: (404) 320-0313
(Format: 123-456-7890)
Email: dschultz@the3keys.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/15/2019
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: Project Interconnections, Inc.

Name / Title of Authorized Official: Darlene Schultz, President/CEO

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

Date Signed: 08/15/2019
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: Project Interconnections, Inc.
Street 1: 2198 Dresden Drive
Street 2: 
City: Chamblee
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30341

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: Mrs.
First Name: Darlene
Middle Name:
Last Name: Schultz
Suffix:
Title: President/CEO

Telephone Number: (678) 613-6574
(Format: 123-456-7890)
Fax Number: (404) 320-0313
(Format: 123-456-7890)

Email: dschultz@the3keys.org

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

Date Signed: 08/15/2019
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?  
   Yes

   Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

   Most of our residents pay 30% of their income which causes us to have money left over. Bridges to Housing plans to spend all funds in future grant cycles.
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: GA0263
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
   2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Bridges to Housing

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.

The Bridges to Housing Program provides a Housing First model for 16 chronically homeless individuals, living with mental health and addiction issues, in the City of Atlanta. These 1 bedroom units provide permanent supportive housing to the residents served, partnered with onsite supportive services. Program staff from 3Keys (formerly Project Interconnections, Inc.) and the Grady ACT Team provide a comprehensive system of client centered, strengths-based case management services and supports to help clients maximize their daily functioning and maintain successful tenancy. This housing-focused approach with persons coping with mental health disorders and/or substance addiction is intended to end the cycle of homelessness and assist clients with the transition to more successful and independent living. 3Keys expects to reach housing stability standards set forth by HUD, as well as income.

Each client served is actively involved in the assessment and ongoing reassessment process. As it is the programs desire to meet the client at their level of functioning, program staff will endeavor to assure prospective clients that service compliance demands will be tailored based on their level of engagement. Further, staff takes care to ensure that plans identify and reflect participant’s physical, mental, social, and cultural needs.

As success is based on individual abilities and strengths, the duration of case management and other services will be routinely monitored and evaluated. The most intensive level of service would initially feature daily contact and as needed, comprehensive support to our most severely disabled clients. As the client progresses through their goals and increases their ability to self-manage, case management intensity can be modified to allow for mutually agreed upon, reduced client engagement. 3Keys collaborates with a host of licensed service providers to assist participants in coping with their special needs, most notably the Grady ACT Team. Many residents will be engaged in outpatient drug treatment or day treatment settings with mental health providers as they choose. Grady ACT provides a comprehensive, multi-level approach to its interventions designed to expand the network of peer and professional support for every participating client. 3Keys will work closely with this provider to ensure services are in line with resident needs. 3Keys and Grady Act Team either directly or through collaboration with other providers, offer program participants a
variety of recovery support services designed to strengthen or sustain treatment gains as the client chooses. Staff engage in individual and group counseling activities as well as leverage services from partnering providers to address needs related to mental illness or HIV/AIDS.

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>Issue</td>
<td>Answer</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</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 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>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>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>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>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>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>Applicant</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 Renewal Project Application FY2019

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: | 16 |

**Housing Type** | **Housing Type (JOINT)** | **Units** | **Beds** |
--- | --- | --- | --- |
Scattered-site apartments ( ...) | --- | 16 | 16 |
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: 16

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   16

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: 2880 Campbleton Road
City: Atlanta
State: Georgia
ZIP Code: 30311

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)

   130174 Atlanta
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>Adults over age 24</td>
<td>0</td>
<td>16</td>
<td></td>
<td>16</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>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>16</td>
<td></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.

<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>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>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>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>16</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>16</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>16</td>
<td>0</td>
<td>0</td>
<td>0</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

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>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? 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>GA - Atlanta-Sand...</td>
<td>16</td>
<td>$163,994</td>
<td>$163,994</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $163,994
Grant Term: 1 Year
Total Request for Grant Term: $163,994
Total Units: 16
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: GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

### 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>16</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>16</strong></td>
<td><strong>$163,994</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>$163,994</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: | $10,726 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $10,726 |

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>3Keys, Inc.</td>
<td>08/15/2019</td>
<td>$10,726</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:  3Keys, Inc.
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  08/15/2019
6. Value of Written Commitment:  $10,726
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>$163,994</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>$16,624</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$13,391</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$194,009</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$12,887</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$206,896</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$10,726</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$10,726</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$217,622</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:

Bridges to Housing Cash Match Letter

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 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  Darlene Schultz

Date: 08/15/2019

Title: President/CEO

Applicant Organization: Project Interconnections, 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>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):

- FMR increased. Match dollar increased.

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>08/15/2019</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>Item</td>
<td>Date</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/15/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/15/2019</td>
</tr>
<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>08/15/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6B. Leased Units</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/15/2019</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>7B. Certification</td>
<td>08/15/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/15/2019</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: 08/20/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: GA0274
       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: Quest Community Development Organization f/k/a Quest 35, Inc.

   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-2634738

   c. Organizational DUNS: 089586650

   d. Address
      Street 1: 878 Rock St NW
      Street 2: 
      City: Atlanta
      County: Fulton
      State: Georgia
      Country: United States
      Zip / Postal Code: 30314

   e. Organizational Unit (optional)
      Department Name: Quest Village - Quest Communities
      Division Name: Permanent Supportive Housing

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: Kendon
      Middle Name:
      Last Name: Warren
      Suffix: 
      Title: Staff Accountant
      Organizational Affiliation: Quest Community Development Organization f/k/a Quest 35, Inc.
Telephone Number:  (678) 705-5318
Extension:  116
Fax Number:  (678) 705-5564
Email:  kwarren@questcommunities.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):
   Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:
    Quest Communities PH15

16. Congressional District(s):
    a. Applicant:
       GA-005
       (for multiple selections hold CTRL key)
    b. Project:
       GA-005
       (for multiple selections hold CTRL key)

17. Proposed Project
    a. Start Date: 10/01/2019
    b. End Date: 09/30/2020

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: Mr.
First Name: Leonard
Middle Name: Lenford
Last Name: Adams
Suffix: Jr.
Title: President / Executive Director

Telephone Number: (678) 705-5318
(Format: 123-456-7890)
Fax Number: (678) 705-5564
(Format: 123-456-7890)
Email: ladams@questcommunities.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/20/2019
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: Quest Community Development Organization f/k/a Quest 35, Inc.
   Prefix: Mr.
   First Name: Leonard
   Middle Name: Lenford
   Last Name: Adams
   Suffix: Jr.
   Title: President / Executive Director

   Organizational Affiliation: Quest Community Development Organization f/k/a Quest 35, Inc.

   Telephone Number: (678) 705-5318
   Extension: 155
   Email: ladams@questcommunities.org
   City: Atlanta
   County: Fulton
   State: Georgia
   Country: United States
   Zip/Postal Code: 30314

2. Employer ID Number (EIN): 58-2634738

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $238,210.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:
Quest Communities PH15 878 Rock St NW
Atlanta Georgia

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>HUD - Atlanta Field Office</td>
<td>SHP</td>
<td>$287,202.00</td>
<td>Supportive housing</td>
</tr>
<tr>
<td>HUD - Atlanta Field Office</td>
<td>PH</td>
<td>238210.00</td>
<td>Supportive housing</td>
</tr>
<tr>
<td>HUD - Atlanta Field Office</td>
<td>PH</td>
<td>$349,912.00</td>
<td>Supportive housing</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
<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 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>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<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: Leonard Adams, President / Executive Director

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

Date Signed: 08/20/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Quest Community Development Organization f/k/a Quest 35, 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 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
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:  Leonard  
Middle Name:  Lenford  
Last Name:  Adams  
Suffix:  Jr.  
Title:  President / Executive Director  
Telephone Number:  (678) 705-5318  
(Format: 123-456-7890)  
Fax Number:  (678) 705-5564  
(Format: 123-456-7890)  
Email:  ladams@questcommunities.org  
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.  
Date Signed:  08/20/2019
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: Quest Community Development Organization f/k/a Quest 35, Inc.

Name / Title of Authorized Official: Leonard Adams, President / Executive Director

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

Date Signed: 08/20/2019
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: Quest Community Development Organization f/k/a Quest 35, Inc.

Street 1: 878 Rock St NW
Street 2: 
City: Atlanta
County: Fulton
State: Georgia
Country: United States
Zip / Postal Code: 30314

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

Renewal Project Application FY2019 Page 16 08/21/2019
complete. [ ]

Authorized Representative

Prefix: Mr.
First Name: Leonard
Middle Name: Lenford
Last Name: Adams
Suffix: Jr.
Title: President / Executive Director
Telephone Number: (678) 705-5318
(Format: 123-456-7890)
Fax Number: (678) 705-5564
(Format: 123-456-7890)
Email: ladams@questcommunities.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, esnaps 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 esnaps 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 for the most recently expired grant term was submitted late due to personnel changes and acclimation to the system.

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/PHTHRRH, 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: GA0274
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Quest Communities PH15

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.

Quest requests the renewal of our 15 unit SHP housing community. In accordance with the Housing First model, Quest will provide permanent supportive housing to chronically homeless individuals. Upon entry into the program via the CoC’s Coordinated Entry process, residents will be assigned a case manager who will complete an assessment and formulate an individualized treatment plan to better identify and address the needs of the resident. When appropriate, case managers will link residents to services and resources specific to each individual’s disabling condition. Quest also collaborates with community partners such as the Veteran's Administration, Grady Hospital, and Saint Joseph’s Mercy Care to provide medical/mental health services. Our program will coordinate and assist consumers with workforce development training, GED classes, Basic computer skills, SA/NA meetings as well as weekly health education/life skills classes to equip consumers with daily living skills.

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>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td></td>
<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.

<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>

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>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>

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.
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>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>Weekly</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>Monthly</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>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></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: 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>Clustered apartments</td>
<td>---</td>
<td>15</td>
<td>15</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:  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:  1940 Fisher Road
   Street 2:
   City:  Atlanta
   State:  Georgia
   ZIP Code:  30315

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   139121 Fulton 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></td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td></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></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>15</td>
<td>0</td>
<td>15</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>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>Development 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>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>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>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>13</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>15</td>
<td>2</td>
<td>12</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>13</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>15</td>
<td>2</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>13</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>15</td>
<td>2</td>
<td>12</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>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>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>
<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?  
   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 X
   Leased Structures
   Rental Assistance
   Supportive Services X
   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>GA - Atlanta-Sand...</td>
<td>15</td>
<td>$160,618</td>
<td>$160,618</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Annual Assistance Requested:</th>
<th>$160,618</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term:</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term:</td>
<td>$160,618</td>
</tr>
<tr>
<td>Total Units:</td>
<td>15</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:  GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

### 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 and Annual Assistance Requested</strong></td>
<td>15</td>
<td>$160,618</td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td>$160,618</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>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments</td>
<td>$19,398</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments</td>
<td>$19,398</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>Quest Community D...</td>
<td>08/20/2019</td>
<td>$19,398</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:  Quest Community Development Organization
   (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:  $19,398
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>$160,618</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>$37,000</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$27,536</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$225,154</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$13,056</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$238,210</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$19,398</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$19,398</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$257,608</td>
</tr>
</tbody>
</table>

Applicant: Quest 35, Inc.  
Project: Quest Communities PH15
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>PH15 cash match l...</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: PH15 cash 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**  Leonard Adams

**Date:** 08/20/2019  
**Title:** President / Executive Director  
**Applicant Organization:** Quest Community Development Organization
f/k/a Quest 35, Inc.

PHA Number (For PHA Applicants Only): X
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. X
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):

Cash match has changed. Updated cash match letter included.

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>
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<td>1A. SF-424 Application Type</td>
<td>08/20/2019</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>
</tbody>
</table>

Applicant: Quest 35, Inc.
Project: Quest Communities PH15
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
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<td>Renewal Expansion</td>
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<td>Renewal Grant Consolidation</td>
<td>08/20/2019</td>
</tr>
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<td>2A. Subrecipients</td>
<td>No Input Required</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>3B. Description</td>
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</tr>
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<td>3C. Dedicated Plus</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
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</tr>
<tr>
<td>5A. Households</td>
<td>08/20/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/20/2019</td>
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<tr>
<td>6B. Leased Units</td>
<td>08/20/2019</td>
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<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>
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: GA0267
   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: Quest Community Development Organization f/k/a Quest 35, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-2634738

| c. Organizational DUNS: | 089586650 | PLUS 4 |

   d. Address
      Street 1: 878 Rock St NW
      City: Atlanta
      County: Fulton
      State: Georgia
      Country: United States
      Zip / Postal Code: 30314

   e. Organizational Unit (optional)
      Department Name: Quest Village - Quest Communities
      Division Name: Permanent Supportive Housing

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: Kendon
      Middle Name: 
      Last Name: Warren
      Suffix: 
      Title: Staff Accountant
      Organizational Affiliation: Quest Community Development Organization f/k/a Quest 35, Inc.
Telephone Number: (678) 705-5318
Extension: 116
Fax Number: (678) 705-5564
Email: kwarren@questcommunities.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):
   Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Quest Communities PH25

16. Congressional District(s):
   a. Applicant: GA-005
      (for multiple selections hold CTRL key)
   b. Project: GA-005
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2019
   b. End Date: 11/30/2020

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: Mr.
First Name: Leonard
Middle Name: Lenford
Last Name: Adams
Suffix: Jr.
Title: President / Executive Director
Telephone Number: (678) 705-5318
Fax Number: (678) 705-5564
Email: ladams@questcommunities.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/20/2019
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: Quest Community Development Organization
   f/k/a Quest 35, Inc.
   Prefix: Mr.
   First Name: Leonard
   Middle Name: Lenford
   Last Name: Adams
   Suffix: Jr.
   Title: President / Executive Director
   Organizational Affiliation: Quest Community Development Organization
   f/k/a Quest 35, Inc.
   Telephone Number: (678) 705-5318
   Extension: 155
   Email: ladams@questcommunities.org
   City: Atlanta
   County: Fulton
   State: Georgia
   Country: United States
   Zip/Postal Code: 30314

2. Employer ID Number (EIN): 58-2634738
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $446,142.00

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

Quest Communities PH25 878 Rock St NW
Atlanta Georgia

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>HUD - Atlanta Field Office</td>
<td>SHP</td>
<td>$287,202.00</td>
<td>Supportive housing</td>
</tr>
<tr>
<td>HUD - Atlanta Field Office</td>
<td>PH</td>
<td>238210.0</td>
<td>Supportive housing</td>
</tr>
<tr>
<td>HUD - Atlanta Field Office</td>
<td>PH</td>
<td>$349,912.00</td>
<td>Supportive housing</td>
</tr>
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<td>NA</td>
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</tr>
<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

Renewal Project Application FY2019 | Page 10 | 08/21/2019
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>
<tr>
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<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:** Leonard Adams, President / Executive Director

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

**Date Signed:** 08/20/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Quest Community Development Organization f/k/a Quest 35, 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>
</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. 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:  Leonard
Middle Name: Lenford
Last Name:  Adams
Suffix:  Jr.
Title:  President / Executive Director

Telephone Number:  (678) 705-5318
(Format: 123-456-7890)
Fax Number:  (678) 705-5564
(Format: 123-456-7890)
Email:  ladams@questcommunities.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed:  08/20/2019
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: Quest Community Development Organization f/k/a Quest 35, Inc.

Name / Title of Authorized Official: Leonard Adams, President / Executive Director

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

Date Signed: 08/20/2019
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: Quest Community Development Organization f/k/a Quest 35, Inc.

Street 1: 878 Rock St NW
Street 2: 
City: Atlanta
County: Fulton
State: Georgia
Country: United States
Zip / Postal Code: 30314

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: Leonard
Middle Name: Lenford
Last Name: Adams
Suffix: Jr.
Title: President / Executive Director

Telephone Number: (678) 705-5318
(Format: 123-456-7890)
Fax Number: (678) 705-5564
(Format: 123-456-7890)

Email: ladams@questcommunities.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?  
   No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   The APR for the most recently expired grant term was submitted late due to personnel changes and acclimation to the system.

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: GA0267
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Quest Communities PH25

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 ReplacementReserves? 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.

Quest requests the renewal of our 25-unit PH community. In accordance with the Housing First model, Quest will provide permanent supportive housing to chronically homeless individuals. Upon entry into the program via the CoC’s Coordinated Entry process, residents will be assigned a case manager who will complete an assessment and formulate an individualized treatment plan to better identify and address the needs of the resident. When appropriate, case managers will link residents to services and resources specific to each individual’s disabling condition. Quest also collaborates with community partners such as the Veteran’s Administration, Grady Hospital, and Saint Joseph’s Mercy Care to provide medical/mental health services. Our program will coordinate and assist consumers with workforce development training, GED classes, Basic computer skills, SA/NA meetings as well as weekly health education/life skills classes to equip consumers with daily living skills.

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: Other (Click 'Save' to update)

Applicant: Quest 35, Inc.  Project: Quest Communities PH25
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>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>

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

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>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Case Management</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>Weekly</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>Monthly</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>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>Applicant</td>
<td>Bi-weekly</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>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Applicant</td>
<td>Monthly</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? 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 | 08/21/2019 |
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.

Total Units: 25
Total Beds: 25
Total Dedicated CH Beds: 25

<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>25</td>
<td>25</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: 25
   b. Beds: 25

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 25
   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: 1940 Fisher Rd
   Street 2:
   City: Atlanta
   State: Georgia
   ZIP Code: 30315

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
   130174 Atlanta
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>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>25</td>
<td></td>
<td>25</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>0</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>25</td>
<td>0</td>
<td>25</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></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><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>0</td>
<td></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></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>25</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>25</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</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>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>
<td></td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>0</td>
<td></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

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: X
   - Leased Structures: 
   - Rental Assistance: 
   - Supportive Services: X
   - Operating: X
   - HMIS: 

Applicant: Quest 35, Inc.  
Project: Quest Communities PH25

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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>$349,912</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term:</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term:</td>
<td>$349,912</td>
</tr>
<tr>
<td>Total Units:</td>
<td>25</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>GA - Atlanta-Sand...</td>
<td>25</td>
<td>$349,912</td>
<td>$349,912</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: GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

<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>25</td>
<td>$349,912</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>25</td>
<td>$349,912</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>$349,912</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>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$24,058</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$24,058</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>Quest Community D...</td>
<td>08/20/2019</td>
<td>$24,058</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:  Quest Community Development Organization
   (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:  $24,058
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>$349,912</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
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<tr>
<td>3. Supportive Services</td>
<td>$64,757</td>
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<td>4. Operating</td>
<td>$11,473</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
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<tr>
<td>6. Sub-total Costs Requested</td>
<td>$426,142</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$20,000</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$446,142</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$24,058</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$24,058</td>
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<tr>
<td>12. Total Budget</td>
<td>$470,200</td>
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## 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>
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<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>PH25 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: PH25 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  Leonard Adams

Date:  08/20/2019

Title:  President / Executive Director

Applicant Organization:  Quest Community Development Organization
f/k/a Quest 35, 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>
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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>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></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>
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</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></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):

- Changed match amount and included updated match 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.
### 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tr>
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<td>1B. SF-424 Legal Applicant</td>
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</tr>
<tr>
<td>1C. SF-424 Application Details</td>
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</table>

Applicant: Quest 35, Inc.
Project: Quest Communities PH25

Renewal Project Application FY2019
<table>
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<tr>
<th>Category</th>
<th>Details</th>
<th>Date</th>
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<tbody>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
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<td>08/20/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td></td>
<td>08/20/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td></td>
<td>08/20/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td></td>
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<td>1H. HUD-50070</td>
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<td>1I. Cert. Lobbying</td>
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<td>08/20/2019</td>
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<tr>
<td>1J. SF-LLL</td>
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<tr>
<td>Recipient Performance</td>
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<td>Renewal Expansion</td>
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</tr>
<tr>
<td>3A. Project Detail</td>
<td></td>
<td>08/20/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
<td>08/20/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
<td>08/20/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td></td>
<td>08/20/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
<td>08/20/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td></td>
<td>08/20/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
<td></td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td></td>
<td>08/20/2019</td>
</tr>
<tr>
<td>6B. Leased Units</td>
<td></td>
<td>08/20/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td></td>
<td>08/20/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
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<td></td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td></td>
<td>08/20/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td></td>
<td>08/20/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td></td>
<td>08/20/2019</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: 08/20/2019

4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: GA0175

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: Quest Community Development Organization f/k/a Quest 35, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-2634738

| c. Organizational DUNS:     | 089586650 | PLUS 4 |

   d. Address
      Street 1: 878 Rock St NW
      City: Atlanta
      County: Fulton
      State: Georgia
      Country: United States
      Zip / Postal Code: 30314

   e. Organizational Unit (optional)
      Department Name: Quest Village - Quest Communities
      Division Name: Permanent Supportive Housing

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: Kendon
      Middle Name: 
      Last Name: Warren
      Suffix: 
      Title: Staff Accountant
      Organizational Affiliation: Quest Community Development Organization f/k/a Quest 35, Inc.
Applicant: Quest 35, Inc.
Project: Quest Village II

**Telephone Number:** (678) 705-5318  
**Extension:** 116  
**Fax Number:** (678) 705-5564  
**Email:** kwarren@questcommunities.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):  Georgia
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:  Quest Village II

16. Congressional District(s):
   a. Applicant:  GA-005
      (for multiple selections hold CTRL key)
   b. Project:  GA-005
      (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: Leonard
Middle Name: Lenford
Last Name: Adams
Suffix: Jr.
Title: President / Executive Director
Telephone Number: (678) 705-5318
(Format: 123-456-7890)
Fax Number: (678) 705-5564
(Format: 123-456-7890)
Email: ladams@questcommunities.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/20/2019
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: Quest Community Development Organization f/k/a Quest 35, Inc.
Prefix: Mr.
First Name: Leonard
Middle Name: Lenford
Last Name: Adams
Suffix: Jr.
Title: President / Executive Director
Organizational Affiliation: Quest Community Development Organization f/k/a Quest 35, Inc.
Telephone Number: (678) 705-5318
Extension: 155
Email: ladams@questcommunities.org
City: Atlanta
County: Fulton
State: Georgia
Country: United States
Zip/Postal Code: 30314

2. Employer ID Number (EIN): 58-2634738

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $287,202.00

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

Quest Village II 878 Rock St NW Atlanta Georgia

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>
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<td>SHP</td>
<td>$287,202.00</td>
<td>Supportive housing</td>
</tr>
<tr>
<td>HUD - Atlanta Field Office</td>
<td>PH</td>
<td>238210.0</td>
<td>Supportive housing</td>
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<td>PH</td>
<td>$349,912.00</td>
<td>Supportive housing</td>
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</tr>
<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

(Applicant: Quest 35, Inc.  Project: Quest Village II  
q35001  
178528  
Renewal Project Application FY2019  
Page 10  
08/21/2019)
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>
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**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:** Leonard Adams, President / Executive Director

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

**Date Signed:** 08/20/2019
**1H. HUD 50070**

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

**Applicant Name:** Quest Community Development Organization f/k/a Quest 35, 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 Requirement</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

| Renewal Project Application FY2019 | Page 12 | 08/21/2019 |
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: Leonard
Middle Name: Lenford
Last Name: Adams
Suffix: Jr.
Title: President / Executive Director
Telephone Number: (678) 705-5318
(Format: 123-456-7890)
Fax Number: (678) 705-5564
(Format: 123-456-7890)
Email: ladams@questcommunities.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/20/2019
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: Quest Community Development Organization f/k/a Quest 35, Inc.

Name / Title of Authorized Official: Leonard Adams, President / Executive Director

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

Date Signed: 08/20/2019
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: Quest Community Development Organization f/k/a Quest 35, Inc.
Street 1: 878 Rock St NW
City: Atlanta
County: Fulton
State: Georgia
Country: United States
Zip / Postal Code: 30314

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

[Signature]
complete. □

Authorized Representative

Prefix: Mr.
First Name: Leonard
Middle Name: Lenford
Last Name: Adams
Suffix: Jr.
Title: President / Executive Director
Telephone Number: (678) 705-5318
(Format: 123-456-7890)
Fax Number: (678) 705-5564
(Format: 123-456-7890)
Email: ladams@questcommunities.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 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 for the most recently expired grant term was not submitted on time due to personnel changes and acclimation to the system.

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? *No*

   "If "No" click on "Next" or "Save & Next" below to move to the next 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: GA0175 (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Quest Village 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

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.

In accordance with the Housing First model, Quest will provide 12 permanent supportive housing units/24 beds to chronically homeless Veterans. Upon entry into the program via the CoC’s Coordinated Entry process, residents will be assigned a case manager who will complete an assessment and formulate an individualized treatment plan to better identify and address the needs of the resident. When appropriate, case managers will link residents to services and resources specific to each individual’s disabling condition. Quest also collaborates with community partners such as the Veteran’s Administration, Grady Hospital, and Saint Joseph’s Mercy Care to provide medical/mental health services. Our program will coordinate and assist consumers with workforce development training, GED classes, Basic computer skills, SA/NA meetings as well as weekly health education/life skills classes to equip consumers with daily living skills.

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>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>

<table>
<thead>
<tr>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<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>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>

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>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>

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. 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>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Applicant</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>Weekly</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>Weekly</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>Bi-weekly</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>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>Monthly</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 Yes

Applicant: Quest 35, Inc.
Project: Quest Village II

Renewal Project Application FY2019 Page 27 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>Clustered apartments</td>
<td>---</td>
<td>12</td>
<td>24</td>
</tr>
</tbody>
</table>

Total Units: 12
Total Beds: 24
Total Dedicated CH Beds: 24
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:  12
   b. Beds:  24

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:  868 Rock St
   City:  Atlanta
   State:  Georgia
   ZIP Code:  30314

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>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>35</td>
<td></td>
<td>35</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>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>35</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>35</td>
<td></td>
<td>35</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>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>35</td>
<td>0</td>
<td>35</td>
<td>4</td>
<td>28</td>
<td>9</td>
<td>17</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>35</td>
<td>0</td>
<td>35</td>
<td>4</td>
<td>28</td>
<td>9</td>
<td>17</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>0</td>
<td>35</td>
<td>0</td>
<td>35</td>
<td>4</td>
<td>28</td>
<td>9</td>
<td>17</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>35</td>
<td>0</td>
<td>35</td>
<td>4</td>
<td>28</td>
<td>9</td>
<td>17</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>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

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 X
   - Operating X
   - HMIS

Applicant: Quest 35, Inc.
Project: Quest Village II

Renewal Project Application FY2019 Page 33 08/21/2019
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>GA - Atlanta-Sandy...</td>
<td>12</td>
<td>$144,159</td>
<td>$144,159</td>
</tr>
</tbody>
</table>
Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

**Metropolitan or non-metropolitan fair market rent area:** GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

## 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>12</td>
<td>$144,159</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>
</tbody>
</table>

**Total Units and Annual Assistance Requested** 12 $144,159

<table>
<thead>
<tr>
<th>Grant Term</th>
<th>1 Year</th>
</tr>
</thead>
</table>

**Total Request for Grant Term** $144,159

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>$35,761</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>$35,761</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>Quest Community D...</td>
<td>08/20/2019</td>
<td>$35,761</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: Quest Community Development Organization
   (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: $35,761
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>$144,159</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>$50,400</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$80,362</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$274,921</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$12,281</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$287,202</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$35,761</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$35,761</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$322,963</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>Quest Village II ...</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: Quest Village II Cash 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, or 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

Leonard Adams

Date: 08/20/2019

Title: President / Executive Director

Applicant Organization: Quest Community Development Organization
f/k/a Quest 35, 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.
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>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):

Changed match amount and added updated match 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.
# 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>08/20/2019</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>
</tbody>
</table>

Applicant: Quest 35, Inc.
Project: Quest Village II
1D. SF-424 Congressional District(s) 08/20/2019
1E. SF-424 Compliance 08/20/2019
1F. SF-424 Declaration 08/20/2019
1G. HUD-2880 08/20/2019
1H. HUD-50070 08/20/2019
1I. Cert. Lobbying 08/20/2019
1J. SF-LLL 08/20/2019
Recipient Performance 08/20/2019
Renewal Expansion 08/20/2019
Renewal Grant Consolidation 08/20/2019
2A. Subrecipients  No Input Required
3A. Project Detail 08/20/2019
3B. Description 08/20/2019
3C. Dedicated Plus 08/20/2019
4A. Services 08/20/2019
4B. Housing Type 08/20/2019
5A. Households 08/20/2019
5B. Subpopulations  No Input Required
6A. Funding Request 08/20/2019
6B. Leased Units 08/20/2019
6D. Match 08/20/2019
6E. Summary Budget  No Input Required
7A. Attachment(s) 08/20/2019
7B. Certification 08/20/2019
Submission Without Changes 08/20/2019
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 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: 08/28/2019
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: Step Up on Second Street, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4109386

c. Organizational DUNS: 362990244 PLUS 4:

d. Address

Street 1: 1328 Second St.

City: Santa Monica

County: Los Angeles, San Bernardino, Orange, Riverside

State: California

Country: United States

Zip / Postal Code: 90401

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: Deidre

Middle Name:

Last Name: Strohm

Suffix:

Title: Chief Development Officer

Organizational Affiliation: Step Up on Second Street, Inc.

Telephone Number: (310) 696-4510
Extension: 2200
Fax Number: (310) 451-4629
Email: dstrohm@stepuponsecond.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)

15. Descriptive Title of Applicant’s Project: Step Up Pathways Atlanta 2019

16. Congressional District(s):
   a. Applicant: CA-030
   b. Project: GA-008, GA-003
   (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:

Too many states have been selected. Please ensure you have selected no more than 5 states.
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: Tod
Middle Name:
Last Name: Lipka
Suffix:
Title: President & CEO

Telephone Number: (310) 394-6889
(Format: 123-456-7890)
Fax Number: (310) 394-6883
(Format: 123-456-7890)
Email: tod@stepuponsecond.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/28/2019
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: Step Up on Second Street, Inc.
Prefix: Mr.
First Name: Tod
Middle Name: 
Last Name: Lipka
Suffix: 
Title: President & CEO
Organizational Affiliation: Step Up on Second Street, Inc.
Telephone Number: (310) 394-6889
Extension: 1626
Email: tod@stepuponsecond.org
City: Santa Monica
County: Los Angeles, San Bernardino, Orange, Riverside
State: California
Country: United States
Zip/Postal Code: 90401

2. Employer ID Number (EIN): 95-4109386

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $366,096.00
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)? 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>HUD/SBC</td>
<td>Grant</td>
<td>$2,118,090.00</td>
<td>homeless services/rental</td>
</tr>
<tr>
<td>HUD/Riverside</td>
<td>Grant</td>
<td>$1,415,404.00</td>
<td>homeless services/rental</td>
</tr>
<tr>
<td>HUD/LAHSA</td>
<td>Grant</td>
<td>$1,455,157.00</td>
<td>homeless services/rental</td>
</tr>
<tr>
<td>HUD</td>
<td>Grant</td>
<td>$131,368.00</td>
<td>homeless services/rental</td>
</tr>
<tr>
<td>Dept. Health Services</td>
<td>Grant</td>
<td>$1,000,000.00</td>
<td>service coordination/case management</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: Step Up on Second Street, Inc.
Project: Step Up Pathways Atlanta 2019

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>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
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<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
<td></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:** Tod Lipka, President & CEO

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

**Date Signed:** 08/28/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Step Up on Second Street, 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>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: (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. 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: (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. 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: (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. 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. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X
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: Tod
Middle Name
Last Name: Lipka
Suffix:
Title: President & CEO
Telephone Number: (310) 394-6889
(Format: 123-456-7890)
Fax Number: (310) 394-6883
(Format: 123-456-7890)
Email: tod@stepuponsecond.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/28/2019
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: Step Up on Second Street, Inc.

Name / Title of Authorized Official: Tod Lipka, President & CEO

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

Date Signed: 08/28/2019
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: Step Up on Second Street, Inc.
Street 1: 1328 Second St.
Street 2:
City: Santa Monica
County: Los Angeles, San Bernardino, Orange, Riverside
State: California
Country: United States
Zip / Postal Code: 90401

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: Tod
Middle Name:
Last Name: Lipka
Suffix:
Title: President & CEO

Telephone Number: (310) 394-6889
(Format: 123-456-7890)

Fax Number: (310) 394-6883
(Format: 123-456-7890)

Email: tod@stepuponsecond.org

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

Date Signed: 08/28/2019
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.

For 19 years, Tod Lipka, President & CEO, Step Up has expanded services to all of Los Angeles County, San Bernardino, Riverside and Orange Counties, Atlanta, GA and Seminole County Florida. Nationally recognized for its mental health and permanent supportive housing programs, staff utilize a Housing First Approach with all individuals placed in permanent supportive housing (PSH). Since 1994, Step Up has provided service coordination services to tenants in a permanent supportive housing context. Step Up provides Adult and Transitional Age Youth (TAY) services under FSP, FCCS, general Case Management and Early Periodic Screening, Diagnosis, and Treatment (ESPDT) programs. Step Up has been awarded HUD CoC funds through the Office of Homeless Services in San Bernardino County since 2015. The contract began in October 2016, and since that time, the Step Up’s San Bernardino team has housed 133 households and enrolled 100 individuals in specialty mental health services. Step Up’s Inland Empire team launched in Riverside County to house 81 households through Continuum of Care funding in 2017. All vouchers have been utilized in Riverside. In 2017, Step Up was awarded $1.6M in rental assistance in Los Angeles County to house 100 individuals experiencing chronic homelessness. In Santa Monica, Step Up administers a direct HUD grant for 16 units of permanent supportive housing. Additionally, Step Up is a sub-recipient of HUD SHP funding through the City of Santa Monica providing street outreach and supportive services to individuals experiencing chronic homelessness toward the goal of permanent housing. Step Up is in good standing with all HUD-related funded programs. There have been no issues in utilizing the federal dollars awarded in providing permanent supportive housing to those individuals experiencing chronic homelessness.

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

Step Up has extensive experience in leveraging other Federal, State, local and private sector funds. These sources include: • SHP (Supportive Housing Program) program and capital grants direct from HUD, which are now administered by LAHSA (the Los Angeles Homeless Services Authority). • Federal HOME funds administered through the Cities of Los Angeles and Santa Monica. • Federal Low Income Housing Tax Credits (LIHTC) administered by the California Tax Credit Allocation Committee (CTCAC) and private sector
investment to monetize them. • HUD Section 8 and Shelter Plus Care, project, sponsor and tenant based rental assistance through the Housing Authorities of Los Angeles and Santa Monica. • Mental Health Services Act (MHSA) funding through the Los Angeles County Department of Mental Health and serviced by programs. There have been no issues in utilizing the federal dollars awarded in providing permanent supportive housing to those individuals experiencing chronic homelessness.

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.

Step Up is a community-supported organization housing individuals and families experiencing homelessness in four Southern California counties, Atlanta, GA and Seminole County in Florida. Step Up currently employs more than 240 staff. Under the leadership of Tod Lipka, Chief Executive Officer, Step Up provides services in three major areas: permanent supportive housing, supportive services, and workforce development services. Step Up has a strong and active Board of Directors that meets bimonthly to set agency policy and review progress toward achievement of agency goals. The Board is charged with raising funds for the organization, leading strategic planning efforts, and governance of the agency’s finances. The work of the board is conducted via five standing committees: Development, Public Relations, Nominating, Finance, and Housing. Each board member serves on at least one standing committee, in addition to the Development Committee (all members participate in fundraising for general operating and capital projects). The Standing Committees meet on the months the board does not meet. There are also ad hoc committees on which members serve. Step Up uses a fund accounting system to silo funding that has specific funder requirements and purposes that must be met in order to expend funds.

This accounting system is managed by the Accounting and Support Department, comprised of 10 FTE staff, whose dedicated function is to manage the accounting and administrative functions of Step Up. The Dept. is managed by the CFO, who has extensive expertise in non-profit finances. Next in line is the Controller, who also has an extensive background in the non-profit arena. The CFO reports to the CEO and meets with him on a weekly basis. The Department follows GAAP procedures in managing the books. The financial statements and activities are overseen by the Finance Committee of the Board of Directors, which meets monthly. Accounting procedures include charts of accounts which provides for identifying receipts and expenditures of program funds separately for each award or grant. The accounting system provides for accumulating and recording expenditures of award or grant and cost category shown in the approved budget. There is a documented time schedule for filing financial reports with funders. The CFO performs a reconciliation of grant financial reports with supporting accounting records which has been prepared and reviewed by a designated staff accountant. Governmental funds are accounted for through fund control accounts. The CFO and the designated staff accountant review...
costs charged to direct and indirect cost centers in accordance with applicable grant agreements and applicable governmental management circulars pertaining to cost principles. The agency has established policies requiring prior approval of expenditures.

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: GA-500 - Atlanta CoC
1b. CoC Collaborative Applicant Name: Partners for HOME

2. Project Name: Step Up Pathways Atlanta 2019

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

If awarded tenant rental assistance with some funding for supportive services, Step Up and its Atlanta partner Pathways to Housing, will leverage existing staff and utilize new project funding to support .5 FTE Rental Assistance Coordinator and 1 FTE Service Coordinator, which will both be full-time positions supported through private foundation match. All of the funds requested through this proposal will be dedicated for Tenant Based Rental assistance for the 23 households who will be referred to Step Up Pathways through the local CES. Step Up staff will work with Partners for Home, Atlanta city and county officials, other community providers and the CES to locate individuals, assess, navigate housing, and connect individuals to services, enter into lease agreements, and transition from chronic homelessness to permanently housed. Service coordination will be ongoing. Step Up will continue to actively participate in the local CES meetings and consult with representatives as needed. There is no “wrong door” to receive access to housing support and services. Step Up staff will work diligently to get persons experiencing chronic homelessness into the Coordinated Entry System. Staff will engage the individual “where they are” and begin the process of building relationship and rapport. This will develop trust with the individual and facilitate the process of moving into permanent supportive housing.

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>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant enrollment in project begins?</td>
<td></td>
<td></td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>
Participants begin to occupy leased units or structure(s), and supportive services begin? 7 14 21 42

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>
</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>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>

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.

| Having too little or little income | |
|-----------------------------------| X |

| Active or history of substance use | X |
|------------------------------------|   |

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

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

<table>
<thead>
<tr>
<th>None of the above</th>
<th></th>
</tr>
</thead>
</table>
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

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.
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.  

X

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

Once referred, staff outreach with a goal of reaching clients within 24 hours. Upon meeting, case managers describe the program, enroll clients and assess current barriers to housing, initiate needed referrals to community partners to obtain missing documents; resolve credit and criminal background issues. Staff maintain HMIS documentation of the referred client; help the client through the housing voucher process, including all aspects of the housing acquisition: apartment search, meeting landlords, lease signing and application fees and move-in. Step Up provides assistance with purchasing furniture and house supplies. Once housed, Case Managers and Certified Peer Specialists continue weekly home visits, providing case management and skill building interventions to resolve practical matters: household management skills, neighborhood mapping and linkages to needed services and amenities, and identifying social, spiritual and other organizations to facilitate community integration.

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?

Step Up establishes key partnerships with agencies committed to reducing homelessness. From the first meeting with referred clients, case managers conduct assessments of the current barriers to obtaining housing and initiate needed referrals to our community partners. These partners include faith-based agencies such as Crossroad and the Midtown Assistance Center that aid with missing documents; Salvation Army Red Shield and other shelters that house clients.
during their housing search; agencies such as Open Doors and the Real Estate Investors of Atlanta (REIA) that help locate units; partners such as First Step and the DBHDD SOAR team that help clients obtain benefits; agencies such as United Way, First Step an Goodwill Industries that help with job training and employment resources; our mental health partners Caring Works and Pro-Active Management and many more. Step Up's participation in Continuum of Care meetings have also helped to foster new partnerships.

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>Weekly</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>Non-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>Applicant</td>
<td>Weekly</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>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>Applicant</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

Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

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: 23
Total Beds: 23
Total Dedicated CH Beds: 23

<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 (J)</td>
<td>---</td>
<td>23</td>
<td>23</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: 23
   b. Beds: 23

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless?
   23
   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:
   Street 2:
   City: Atlanta
   State: Georgia
   ZIP Code: 30301

*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)

   059049 Fulton 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>Number of Households</td>
<td>23</td>
<td>0</td>
<td></td>
<td>23</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>18</td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>5</td>
<td></td>
<td></td>
<td>5</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>23</td>
<td>0</td>
<td>23</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></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>
</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>18</td>
<td>0</td>
<td>12</td>
<td>4</td>
<td>18</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>5</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>23</td>
<td>0</td>
<td>16</td>
<td>5</td>
<td>22</td>
<td>3</td>
<td>2</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>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>

Applicant: Step Up on Second Street, Inc.
Project: Step Up Pathways Atlanta 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? 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:

   Acquisition/Rehabilitation/New Construction
   Leased Units
   Leased Structures
   Rental Assistance X
   Supportive Services X
   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>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>GA - Atlanta-Sandy Springs-Roswell, GA</td>
<td>23</td>
<td>$247,848</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: **$247,848**

Total Units: **23**
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

<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>$655</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$873</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>23</td>
<td>$898</td>
<td>x</td>
<td>12</td>
</tr>
</tbody>
</table>

Applicant: Step Up on Second Street, Inc.
Project: Step Up Pathways Atlanta 2019

HUD Exchange: 362990244
Page 37
09/19/2019
<table>
<thead>
<tr>
<th>Bedrooms</th>
<th>x</th>
<th>$1,031</th>
<th>x</th>
<th>12</th>
<th>=</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,344</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Total Units and Annual Assistance Requested</th>
<th>23</th>
<th>$247,848</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grant Term</td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Request for Grant Term</td>
<td></td>
<td>$247,848</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
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>.5FTE Rental assistance staff</td>
<td>$28,800</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1 FTE (including benefits)</td>
<td>$57,611</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>$270*23</td>
<td>$6,210</td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td>7% admin</td>
<td>$25,627</td>
</tr>
</tbody>
</table>

**Total Annual Assistance Requested** $118,248

**Grant Term** 1 Year

**Total Request for Grant Term** $118,248

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: | $91,524 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $91,524 |

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)

$48,150 would come from Medicaid reimbursements.

1b. Estimate the amount of program income that will be used as Match for this project: $48,147

<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>John and Polly Sp...</td>
<td>08/21/2019</td>
<td>$43,374</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Medicaid reimburs...</td>
<td>08/21/2019</td>
<td>$48,150</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: John and Polly Sparks Foundation Grant (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $43,374

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: Medicaid reimbursement (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $48,150
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>$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>$247,848</td>
<td>1 Year</td>
<td>$247,848</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$118,248</td>
<td>1 Year</td>
<td>$118,248</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>$366,096</td>
</tr>
<tr>
<td>8. Admin</td>
<td></td>
<td></td>
<td>$366,096</td>
</tr>
<tr>
<td>(Up to 10%)</td>
<td></td>
<td></td>
<td>$366,096</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$366,096</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td></td>
<td></td>
<td>$91,524</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>$91,524</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td></td>
<td></td>
<td>$457,620</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>
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:** Tod Lipka  
**Date:** 08/28/2019  
**Title:** President & CEO  
**Applicant Organization:** Step Up on Second Street, 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.
<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>08/28/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>6E. Rental Assistance</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6I. Match</td>
<td>08/28/2019</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>7D. Certification</td>
<td>08/21/2019</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: 09/15/2019
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: Partners for HOME
   b. Employer/Taxpayer Identification Number (EIN/TIN): 47-3476724

   c. Organizational DUNS: 080543384

   d. Address
      Street 1: 818 Pollard Blvd
      Street 2: Third Floor
      City: Atlanta
      County: Fulton
      State: Georgia
      Country: United States
      Zip / Postal Code: 30315

   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: Amy
      Middle Name:
      Last Name: Zaremba
      Suffix:
      Title: Deputy Director
      Organizational Affiliation: Partners for HOME
      Telephone Number: (404) 865-8859
Extension:

Fax Number: (404) 739-0265

Email: amzaremba@atlantaga.gov
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):
   Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:
   Atlanta CoC DV Bonus Coordinated Entry

16. Congressional District(s):
   a. Applicant: GA-005
   b. Project: GA-005
   (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?

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

b. Program is subject to E.O. 12372 but has not been selected by 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: Cathryn
Middle Name: 
Last Name: Marchman
Suffix: 
Title: Executive Director
Telephone Number: (404) 694-2262
(Format: 123-456-7890)
Fax Number: (404) 739-0265
(Format: 123-456-7890)
Email: cmarchman@partnersforhome.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/15/2019
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: Partners for HOME
   Prefix: Ms.
   First Name: Cathryn
   Middle Name: 
   Last Name: Marchman
   Suffix: 
   Title: Executive Director

   Organizational Affiliation: Partners for HOME

   Telephone Number: (404) 694-2262
   Extension:

   Email: cmarchman@partnersforhome.org
   City: Atlanta
   County: Fulton
   State: Georgia
   Country: United States
   Zip/Postal Code: 30315

2. Employer ID Number (EIN): 47-3476724

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $180,000.00
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)? 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**
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: Cathryn Marchman, Executive Director

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

Date Signed: 09/15/2019
**1H. HUD 50070**

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

**Applicant Name:** Partners for HOME  
**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>
</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: Cathryn
Middle Name
Last Name: Marchman
Suffix:
Title: Executive Director
Telephone Number: (404) 694-2262
(Format: 123-456-7890)
Fax Number: (404) 739-0265
(Format: 123-456-7890)
Email: cmarchman@partnersforhome.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/15/2019
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: Partners for HOME

Name / Title of Authorized Official: Cathryn Marchman, Executive Director

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

Date Signed: 09/15/2019
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: Partners for HOME
Street 1: 818 Pollard Blvd
Street 2: Third Floor
City: Atlanta
County: Fulton
State: Georgia
Country: United States
Zip / Postal Code: 30315

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: Cathryn
Middle Name: 
Last Name: Marchman
Suffix: 
Title: Executive Director

Telephone Number: (404) 694-2262
(Format: 123-456-7890)
Fax Number: (404) 739-0265
(Format: 123-456-7890)

Email: cmarchman@partnersforhome.org

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

Date Signed: 09/15/2019
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>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.

Partners for HOME (PFH), as the Collaborative Applicant for the Atlanta Continuum of Care (CoC), coordinates and manages over $7 million in CoC grants. PFH is also a subrecipient of a Substance Abuse and Mental Health Services Administration (SAMHSA) Cooperative Agreement Benefitting Homeless Individuals (CABHI) award, amounting to over $220,000 over three years. Additionally, PFH, in partnership with the City of Atlanta, Invest Atlanta and the Regional Commission on Homelessness, will be instrumental in the distribution, administration, and oversight of $50 million over the next three years.

Partners for HOME is an integral leader in the recently adopted ClearPath: Atlanta's Five Year Plan to Make Homelessness Rare, Brief, and Nonrecurring. In this role, PFH brings public and private resources together to create and implement a collective strategic plan to make homelessness in Atlanta rare, brief and non-recurring.

Funding, program design, outcomes assessment, and technical assistance are provided to almost 100 nonprofit partner agencies that operate within the CoC assisting persons who are homeless to achieve permanent housing and self-sufficiency. CoC partner agencies provide an array of programs, such as street outreach, service access day centers, emergency shelter, transitional housing, rapid rehousing, permanent affordable and supportive housing, prevention, and many other services.

Additionally, specialized programs supported by Partners for HOME address many issues relevant to solving homelessness, such as domestic violence (including sex and human trafficking), mental health, HIV/AIDS, substance abuse, education, training, youth needs, elderly need, food, health, family needs, and much more.

As the Collaborative Applicant, Partners for HOME provides oversight and support to the agencies providing housing and supportive services. PFH is instrumental in the Coordinated Entry process for the CoC, working with partners to develop and implement a system that works to quickly house those who are most vulnerable with an appropriate housing intervention. On the PFH staff, there is a Coordinated Entry Manager, who oversees the day to day CE process and works closely with all participating agencies. There is also a Senior Project Manager over Coordinated Entry that oversees the strategic direction of the Coordinated Entry System PFH currently has a CoC grant for CE, as well as other grants specific for coordinated entry. The activities proposed in this project are very similar to what is already being implemented, except that they will focus specifically on meeting the needs of individuals and families who are homeless because they are fleeing domestic violence.
2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

As previously stated, Partners for HOME has experience in securing match and leveraging additional funds. Each year, for the CoC planning grant, a Coordinated Entry grant, and the HMIS grant (as a subrecipient), Partners for HOME provides at least the required 25% match. For this project, PfH has successfully partnered with the Atlanta Housing Authority to provide up to 32 housing vouchers, which is valued at approximately $10,000 a year, per voucher.

Additionally, last year, PFH secured a $500,000 commitment of TANF funds from the Department of Family and Children Services. This commitment was recently renewed for a second year. Partners for HOME has secured a dollar for dollar match from the private sector for a total investment of $1 million.

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.

Partners for HOME is governed by a board of directors, which meets six times a year, and is managed by an executive director (ED). To support the ED, there are two deputy directors, one who oversees grants and performance management and one who oversees housing and resource coordination. Other PfH staff include a coordinated entry manager, a CoC manager, a performance manager, a CABHI project manager, two HMIS managers, and a bookkeeper/administrative assistant.

The ED is responsible for the preparation and oversight of an annual budget, which is reviewed and approved by the board. Financial statements are prepared, reviewed, and presented to the board in regular intervals. In partnership with the bookkeeper, part-time finance director, the ED is also responsible for ensuring that all documentation necessary for grants and reimbursements are provided for billing purposes.

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: GA-500 - Atlanta CoC  
1b. CoC Collaborative Applicant Name: Partners for HOME

2. Project Name: Atlanta CoC DV Bonus Coordinated Entry

3. Project Status: Standard

4. Component Type: SSO

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

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

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds? X
3B. Project Description

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

The Atlanta CoC coordinated entry (CE) system provides easy access to the system of services and housing through stationary access points and mobile outreach teams on the streets and other locations. The CE system is strategically operating in each quadrant of the city geography. This is done through 2 street outreach teams, 5 PATH teams, 1 stationary coordinated access point, and 1 mobile assessment team. The mobile assessment team is stationed in 5 different parts of the city on a rotating basis each week so that all geography is covered. Each person on each team is trained on Coordinated Entry and trained to administer the prioritization tool. Each street outreach team is trained to seek out those who are unsheltered and the least likely to apply for the assistance without the outreach team’s engagement. Through the VI-SPDAT prioritization tool additional points are awarded to those who are outside and least likely to access housing and services. Case-conferencing is also used to address situations where someone’s vulnerability is not clearly reflected in the prioritization tool. The prioritization tool also allows the CoC to assess someone who is highly vulnerable and allows the CoC to quickly refer that person to housing without needing to be added to a waiting list. Through prioritization and coordinated entry, permanent supportive housing programs no longer have waiting lists and instead accept those who are the most vulnerable into their housing programs first.

This grant will allow the Atlanta CoC to expand the current CE system, specifically focusing on better addressing the needs of individuals and families who are homeless because they are fleeing domestic violence. This would specifically fund three new CE staff, dedicated to meeting the CE needs of people fleeing domestic violence. This team will conduct assessments; prioritize clients and make referrals to shelter, housing, and services; provide assessed clients with continuity of care and housing connections; and help staff a call-in line.

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>
</tr>
<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>
<td></td>
<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>
</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>
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<td></td>
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<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. 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></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

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.

   This project will be to specifically better reach individuals and families who are homeless because they are fleeing domestic violence. Therefore, this will be
advertised with the domestic violence hotline, domestic violence provider, homeless service providers, and legal service providers.

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 current CE referral process begins when a person is contacted through street outreach or a participating CAP. Those who are not literally homeless are not assessed but are immediately referred to needed services, which might include prevention programs, mainstream benefits programs, legal services, food pantries, and clothing closets.

Persons who are homeless go through the assessment process. If the person needs emergency shelter, the outreach or CAP team member offers an immediate referral and assistance to enroll in a population-appropriate shelter. The person may also be referred to other community resources, e.g., help with ID, social security, or a birth certificate. The outreach team or CAP is also responsible for referrals to RRH programs or affordable housing (for families and individuals with lower acuity scores) and employment assistance.

Once assessed, homeless individuals and families with higher acuity scores are placed on the prioritized housing queue for PSH. Referrals for housing are based on: •Results of the VI-SPDAT and Barriers to Housing Assessment; •Established system-wide priority populations; •Bed availability and number of people on intervention priority lists; •Program eligibility admission criteria; and •Case worker and client input.

The CE process is now a part of HMIS, which automates the matching and referral process. Once the housing provider receives a referral, they work with the outreach worker/case worker to set up a time for the client to proceed towards housing. For those fleeing domestic violence, a call is made to the DV hotline through one of the victim service providers in the Atlanta CoC. The person is assessed and added to the housing queue outside of HMIS. This client is then prioritized for interventions specific for those fleeing domestic violence as well as for other community resources and referrals. Matches to housing interventions for those fleeing domestic violence are made outside of HMIS and are sent via email with a unique identifying number and no personal identifying information is sent.

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  X
projects that specifically coordinates and integrates mainstream health, social services, and employment programs to project participants for which they may be eligible?
3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?  No
6A. Funding Request

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

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

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

3. Does this project propose to allocate funds according to an indirect cost rate? 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>Complete assessments utilizing the VI-SPDAT 2.0 and complete intakes for clients that are eligible for emergency residential placement at a domestic violence facility; Assess DV clients currently fleeing via telephone to enroll in HMIS and CE workflow. Perform warm hand off to navigator for housing placement. (2FTE salary and benefits).</td>
<td>$100,000</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>Provides coordination of the homeless and emergency services provided within the Coordinated Entry System to reduce barriers to housing. Provides housing navigation services to ensure clients are supported in gather documentation needed for housing screening and placement. (1 FTE salary and benefits)</td>
<td>$50,000</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</td>
<td>Hotline support (Support the inclusion of prescreening questions and the increase in the volume of calls due to being marketed as an entry point into the CES.) @20,000; Staff training @$5000; necessary staff equipment (laptops, hotspot, etc.) @ 5000</td>
<td>$30,000</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested $180,000

Grant Term 1 Year

Total Request for Grant Term $180,000

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

<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>$45,528</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$45,528</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>HF CE Program Man...</td>
<td>09/20/2019</td>
<td>$24,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Deputy Director</td>
<td>09/20/2019</td>
<td>$21,528</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:  
   (Be as specific as possible and include the office or grant program as applicable)  
   HF CE Program Manager

5. Date of Written Commitment:  
   09/20/2019

6. Value of Written Commitment:  
   $24,000

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.

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:  
   (Be as specific as possible and include the office or grant program as applicable)  
   Deputy Director

5. Date of Written Commitment:  
   09/20/2019

6. Value of Written Commitment:  
   $21,528

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>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$180,000</td>
<td>1 Year</td>
<td>$180,000</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>$180,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td>$180,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Cash Match</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td>$45,528</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Total Match</td>
<td>$45,528</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Total Budget</td>
<td>$225,528</td>
<td></td>
<td></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:** Cathryn Marchman

**Date:** 09/15/2019

**Title:** Executive Director

**Applicant Organization:** Partners for HOME

**PHA Number (For PHA Applicants Only):**

X

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: Partners for HOME (project applicant)

Project: Atlanta CoC DV Bonus Coordinated Entry
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>1D. SF-424 Congressional District(s)</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>09/14/2019</td>
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<tr>
<td>1H. HUD 50070</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>6I. Match</td>
<td>09/15/2019</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>09/15/2019</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/](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). 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.
- 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.
- 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: 09/07/2019

4. Applicant Identifier:
5a. Federal Entity Identifier: 
5b. Federal Award Identifier: GA0331
   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:** Partners for HOME

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 47-3476724

| c. Organizational DUNS: | 080543384 | PLUS 4 |

### d. Address

- **Street 1:** 818 Pollard Blvd
- **Street 2:** Third Floor
- **City:** Atlanta
- **County:** Fulton
- **State:** Georgia
- **Country:** United States

**Zip / Postal Code:** 30315

### 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:** Amy
- **Middle Name:**
- **Last Name:** Zaremba
- **Suffix:**
- **Title:** Deputy Director

**Organizational Affiliation:** Partners for HOME

**Telephone Number:** (404) 865-8859

---

**Applicant:** Partners for HOME (project applicant) 473476724.1

**Project:** Atlanta CoC Coordinated Entry 175337

**Renewal Project Application FY2019** 09/07/2019
Extension:

Fax Number: (404) 739-0265

Email: amzaremba@atlantaga.gov
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): Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Atlanta CoC Coordinated Entry

16. Congressional District(s):
   a. Applicant: GA-005
   (for multiple selections hold CTRL key)
   b. Project: GA-005
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 04/01/2020
   b. End Date: 03/31/2021

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: Cathryn
Middle Name: 
Last Name: Marchman
Suffix: 
Title: Executive Director

Telephone Number: (404) 694-2262
(Format: 123-456-7890)
Fax Number: (404) 739-0265
(Format: 123-456-7890)
Email: cmarchman@partnersforhome.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/07/2019
### Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   **Agency Legal Name:** Partners for HOME  
   **Prefix:** Ms.  
   **First Name:** Cathryn  
   **Middle Name:**  
   **Last Name:** Marchman  
   **Suffix:**  
   **Title:** Executive Director  

   **Organizational Affiliation:** Partners for HOME  
   **Telephone Number:** (404) 694-2262  
   **Extension:**  

   **Email:** cmarchman@partnersforhome.org  
   **City:** Atlanta  
   **County:** Fulton  
   **State:** Georgia  
   **Country:** United States  
   **Zip/Postal Code:** 30315

2. **Employer ID Number (EIN):** 47-3476724

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

4. **Amount of HUD Assistance Requested/Received:** $140,000.00  

   (Requested amounts will be automatically entered within applications)
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.

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>09/07/2019</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>
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</tr>
<tr>
<td>NA</td>
<td>NA</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:** Cathryn Marchman, Executive Director

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

**Date Signed:** 08/05/2019
HA. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Partners for HOME

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 Federal agency 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 drug-free workplace through implementation of paragraphs a. thru f.

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

da. 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;

d. 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

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: Ms.
First Name: Cathryn
Middle Name
Last Name: Marchman
Suffix:
Title: Executive Director
Telephone Number: (404) 694-2262
(Format: 123-456-7890)
Fax Number: (404) 739-0265
(Format: 123-456-7890)
Email: cmarchman@partnersforhome.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/07/2019
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: Partners for HOME

Name / Title of Authorized Official: Cathryn Marchman, Executive Director

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

Date Signed: 09/07/2019
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: Partners for HOME
Street 1: 818 Pollard Blvd
Street 2: Third Floor
City: Atlanta
County: Fulton
State: Georgia
Country: United States
Zip / Postal Code: 30315

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: Cathryn

Middle Name:

Last Name: Marchman

Suffix:

Title: Executive Director

Telephone Number: (404) 694-2262
(Format: 123-456-7890)

Fax Number: (404) 739-0265
(Format: 123-456-7890)

Email: cmarchman@partnersforhome.org

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

Date Signed: 09/07/2019
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”. 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: **GA0331**
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: **GA-500 - Atlanta CoC**  
2b. CoC Collaborative Applicant Name: **Partners for HOME**

3. Project Name: **Atlanta CoC Coordinated Entry**

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.

Clear Path is a coordinated entry system (CES) benefiting persons who are homeless or at risk of homelessness within the Atlanta CoC. The project benefits include: easier access to housing/services for clients; less time screening inappropriate clients and managing waitlists for agencies; and reduced homelessness and costs through a streamlined, collaborative and effective system. The project is designed for easy access to the system of services and housing through outreach. Persons can also access the system by calling 2-1-1 or walking into Coordinated Access Points (CAP). Assessments and referrals are made by the mobile teams, including the PATH and other outreach teams, focused on homeless individuals and families with severe mental illness, and Gateway Center (the CAP), serving vulnerable homeless individuals and families. The CoC has adopted the VI-SPDAT as the standard prioritization tool. Currently, teams assist clients to complete the VI-SPDAT, and a current needs assessment, both included in Client Track, the CoC’s HMIS. VI-SPDAT priority scores, client needs, case manager knowledge, and client input are used to prioritize the highest need, most vulnerable clients to the right housing/service intervention in line with Notice CPD-16-11. Project evaluation and outcomes tracking make use of HMIS reports on numbers of clients assessed, referred to services, and successfully placed in permanent housing. This grant will fund the CAP with a general homeless focus with 1 FTE CES Leadership and 2 FTE Housing Navigators. This CAP team will conduct assessments; prioritize clients; make referrals to shelter, housing, and services; and provide assessed clients with continuity of care and housing connections. The CAP is intended to function as a housing resources center, where clients can access the range of housing assistance, from shelter, to financial assistance, to PSH.

The Partners for HOME (PfH) CE Manager with oversight from the Deputy Director for Housing and Resource Coordination is responsible for matching clients to housing options based on reported vacancies. This process is carried out in HMIS using a unit availability tool, program admissions criteria, and a prioritized housing queue. All CoC, SSVF, and Entitlement-funded housing programs are required participate and accept CES referrals. All other agencies are strongly encouraged to participate. Agencies receiving PSH referrals may only reject 4 referrals per year. PfH staff have extensive experience implementing, operating, and evaluating complex homeless assistance projects. Working in collaboration with the CE Team, they will guide the CAP operating agency in the expansion process through regular project meetings and use of a written management plan, which will clearly delineate objectives, responsibilities, and deadlines. Progress will be regularly reported to the CoC Governing Council and PfH Board, and adjustments made where warranted.

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>X</td>
</tr>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>X</td>
<td>X</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>
<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" Yes
approach?

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.

It is important for coordinated entry and its housing and service opportunities to be known about and accessible to all homeless people within the Atlanta CoC, including persons with the highest barriers to service access, such as chronically homeless persons with long histories of homelessness and severe needs and barriers to housing, other persons with disabilities, persons fleeing domestic or other violence, and non-native English speakers. Affirmative marketing and advertising strategies that are being implemented to reach all groups include informational flyers in English and Spanish left at service sites and public locations, such as libraries; announcements during CoC and provider network meetings; presentations and briefings for mainstream service providers; and information (sometimes bilingual) provided through the extensive direct outreach to highly vulnerable persons provided by the PATH teams, the Hope Atlanta outreach team, the Coordinated Entry Outreach Team and the CABHI outreach team all who target those individuals who are unsheltered and hard to reach. Outreach teams serve as mobile CAPs, assessing individuals where they are, building rapport and trust and working with individuals while they are still sleeping outside. Participating outreach team members work hard to inform and connect homeless people to coordinated entry, reaching them wherever they are, including on the streets, in the jail, local hospital emergency room, abandoned buildings and libraries, under bridges, in parks, and at the bus station and airport. In this way, unsheltered persons with the highest barriers are prioritized for assistance in the same manner as other persons assisted through Clear Path. As key system entry points, CAP agencies, such as Gateway Center, are accessible to people with disabilities and easily accessible by public transportation. Coordinated entry is easy to reach for all people with telephone access through 2-1-1, which provides translation services for all languages commonly spoken in Atlanta. Additional advertisement strategies being explored include a Clear Path project website, a social media campaign, creation of a written marketing plan, and recruitment of pro bono media industry volunteers.

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 Clear Path referral process begins when a person is contacted through street outreach or at a CAP. Those who are not homeless are not assessed
with the VI-SPDAT 2.0 but are immediately referred to needed services, which might include diversion or prevention programs, mainstream benefits programs, legal services, food pantries, and clothing closets. Persons who are homeless go through the assessment process. If the person needs emergency shelter, the outreach or CAP team member offers an immediate referral and assistance to enroll in emergency shelter or interim bed placement. The person may also be referred to other community resources, e.g., help with ID, social security, or a birth certificate. Once assessed, homeless individuals and family with higher acuity scores are placed on the prioritized housing queue for permanent housing that is now housed in HMIS. For those with lower acuity, referrals are made based on prioritization and eligibility to rapid rehousing resources. As mentioned above, the Partners for HOME Coordinated Entry Manager makes an informed housing referral decision based on: •Results of the VI-SPDAT; •Established system-wide priority populations; •Bed availability and number of people on intervention priority lists; •Program eligibility admission criteria; and •Case worker and client input. These factors ensure that the most appropriate possible housing referrals are made. Chronically homeless persons who score an 8+ on the VI-SPDAT 2.0 and thus are good candidates for PSH, will be further prioritized using the criteria in the HUD Prioritization Notice CPD 016-11. Those scoring 4-7 are referred to rapid rehousing as available. Rapid rehousing is also considered for those who are non-chronically homeless and scoring 8+ and will be prioritized for those who score an 8+ in the event that rapid rehousing is the best intervention. Once a match has been made for PSH or RRH, the Coordinated Entry Manager sends the “matched” referral the PSH and RRH providers, communicating who has been chosen for their unit or subsidy. The caseworker who did the assessment is responsible for notifying the client. For PSH, the client will be given the opportunity to view it and meet the PSH Housing Manager. For RRH, the client is directly connected through their case-worker to the RRH provider who will work with the client to locate a unit. Once the housing provider receives a referral from the Coordinated Entry Manager, they must accept the referral and work with the outreach worker/case worker to set up a time for the client to visit. PSH providers may refuse only three referrals over the course of one year based on a list of acceptable reasons, and must participate in case conferencing to find a more appropriate referral. Rapid rehousing programs have also adopted a housing first philosophy and will only refuse services to a client in rare cases. If the rapid rehousing providers determines a higher level of care is needed, the CoC works to refer that client to permanent supportive housing.

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

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 Structures
   - Supportive Services  
     X
   - HMIS

Applicant: Partners for HOME (project applicant)  
Project: Atlanta CoC Coordinated Entry
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: | $38,287 |
| Total Value of All Commitments: | $38,287 |

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>City of Atlanta -...</td>
<td>07/30/2019</td>
<td>$38,287</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: City of Atlanta - CDBG
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/30/2019

6. Value of Written Commitment: $38,287

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>140,000</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>140,000</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>140,000</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>140,000</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>38,287</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>38,287</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>178,287</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>
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</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) 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

Cathryn Marchman

Date: 09/07/2019

Title: Executive Director

Applicant Organization: Partners for HOME
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></td>
</tr>
<tr>
<td>3B. Description</td>
<td>X</td>
</tr>
</tbody>
</table>

| Part 4 - Housing Services and HMIS |   |

| Part 5 - Participants and Outreach Information |   |

<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>
<tbody>
<tr>
<td>7A. Attachment(s)</td>
<td>X</td>
</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td></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):

Update to description and match.
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>
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<td>09/01/2019</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>09/02/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/05/2019</td>
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<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------</td>
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<tr>
<td>1H. HUD-50070</td>
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</tr>
<tr>
<td>1I. Cert. Lobbying</td>
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<tr>
<td>1J. SF-LLL</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>
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<td>2A. Subrecipients</td>
<td>No Input Required</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>09/02/2019</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>09/07/2019</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>09/01/2019</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: GA0001
   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: Georgia Housing and Finance Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1222605

| c. Organizational DUNS: | 099306029 | PLUS 4 |

<table>
<thead>
<tr>
<th>d. Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street 1: 60 Executive Park South, NE</td>
</tr>
<tr>
<td>Street 2:</td>
</tr>
<tr>
<td>City: atlanta</td>
</tr>
<tr>
<td>County: Dekalb</td>
</tr>
<tr>
<td>State: Georgia</td>
</tr>
<tr>
<td>Country: United States</td>
</tr>
<tr>
<td>Zip / Postal Code: 30329</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: Housing Assistance Division</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: Mr.</td>
</tr>
<tr>
<td>First Name: David</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name: Whisnant</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Director, OHSNH</td>
</tr>
<tr>
<td>Organizational Affiliation: Georgia Housing and Finance Authority</td>
</tr>
<tr>
<td>Telephone Number: (404) 679-0660</td>
</tr>
</tbody>
</table>
Extension:
Fax Number:  (770) 359-3806
Email:  David.Whisnant@dca.ga.gov
1C. SF-424 Application Details

9. Type of Applicant: A. State 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): Georgia
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Atlanta HMIS Renewal FY2019

16. Congressional District(s):
   (for multiple selections hold CTRL key)
   b. Project: GA-006, GA-005, GA-004, GA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2019
   b. End Date: 11/30/2020

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: Shawn
Middle Name:
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division
Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov
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: Georgia Housing and Finance Authority
   Prefix: Ms.
   First Name: Shawn
   Middle Name:
   Last Name: Williams
   Suffix:
   Title: Director, Housing Assistance Division
   Organizational Affiliation: Georgia Housing and Finance Authority
   Telephone Number: (404) 679-0621
   Extension:
   Email: shawn.williams@dca.ga.gov
   City: atlanta
   County: Dekalb
   State: Georgia
   Country: United States
   Zip/Postal Code: 30329

2. Employer ID Number (EIN): 58-1222605

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $289,884.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Atlanta HMIS Renewal FY2019 60 Executive Park South, NE Atlanta Georgia

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>AmountRequested/Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$550,000.00</td>
<td>Shelter Plus Care Support Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329</td>
<td>Housing Trust Fund</td>
<td>$600,000.00</td>
<td>Shelter Plus Care Harm Reduction Case Management Services</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$47,294.00</td>
<td>Coordinated Entry</td>
</tr>
<tr>
<td>Department of Community Affairs 60 Executive Park S Atlanta GA30329</td>
<td>Housing Trust Fund</td>
<td>$100,000.00</td>
<td>HMIS</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

Applicant: Georgia Housing & Finance Authority
Project: Atlanta HMIS Renewal FY2019

09/14/2019
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: Shawn Williams, Director, Housing Assistance Division

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:** Georgia Housing and Finance 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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a.</strong> 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. |

## 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. 

---

Renewal Project Application FY2019  
Page 12  
09/14/2019
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: Shawn
Middle Name
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division
Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov
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: Georgia Housing and Finance Authority

Name / Title of Authorized Official: Shawn Williams, Director, Housing Assistance Division

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

Date Signed: 08/22/2019
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: Georgia Housing and Finance Authority
Street 1: 60 Executive Park South, NE
Street 2: 
City: atlanta
County: Dekalb
State: Georgia
Country: United States
Zip / Postal Code: 30329

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: Shawn
Middle Name: 
Last Name: Williams
Suffix: 
Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)
Fax Number: (404) 679-4837
(Format: 123-456-7890)
Email: shawn.williams@dca.ga.gov

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, esnaps 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 esnaps 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
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 Amo</th>
<th>unt</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<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: GA0001
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Atlanta HMIS Renewal FY2019

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

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.

This proposed project will provide focused and skilled assistance to the Atlanta Continuum of Care (CoC), as it relates to data and HMIS. This will ensure continued improvement in HMIS participation, bed utilization, and data quality rates, as well as a consistent implementation of CoC requirements, with the ultimate goal of ending homelessness. Project staff, in coordination with the HMIS Lead, the Collaborative Applicant, and CoC leadership, will work with homeless services providers and their staff to ensure that the HMIS operates in compliance with HUD and CoC guidelines. Project activities will include project management, CoC data analysis and reporting, and coordinated intake and assessment implementation and training. Project activities will also include user training, user group facilitation, agency monitoring, technical assistance, including on-site help for agencies, and other HMIS associated projects that the CoC may implement. Project staff will assist the Collaborative Applicant, the Georgia Housing and Finance Authority (GHFA), and the CoC with the establishment and periodic enhancement of HMIS policies and procedures required by federal rules, and with the identification and implementation of HMIS best practices that may exceed federal requirement.

This grant also focuses on the enhancement of software and the acquisition of hardware that will facilitate adherence to HEARTH Act requirements in the Atlanta CoC. Specifically, the software and hardware will facilitate the implementation of coordinated intake and assessment, client/inventory match, priority scoring and other CoC/agency activities that assist in rapidly housing the homeless population, while reducing the time that individuals remain homeless. The grant also provides funds for project management and the development of reports and software that enhance the effectiveness of CoC and individual agency operations.

2. Does your project have a specific _____ No
population focus?
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.

1a. Is the HMIS currently programmed to collect all required Data Elements as set forth in the 2017 HMIS Data Standards? Yes

1b. If no, explain why and the planned steps for compliance. Max. 500 characters
Na

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). Yes

2b. If no, explain why and the planned steps for compliance. Max. 500 characters
NA

3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

3b. If no, explain why and the planned steps for achieving this. Max. 500 characters

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? Yes
5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners? Yes

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
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:
   - 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

<table>
<thead>
<tr>
<th></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>$72,894</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$72,894</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>City of Atlanta</td>
<td>08/17/2018</td>
<td>$16,532</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>City of Atlanta O...</td>
<td>08/17/2018</td>
<td>$56,362</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:**  City of Atlanta  
   (Be as specific as possible and include the office or grant program as applicable)

5. **Date of Written Commitment:**  08/17/2018

6. **Value of Written Commitment:**  $16,532

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:**  Government

4. **Name the Source of the Commitment:**  City of Atlanta Office of the Public Defender  
   (Be as specific as possible and include the office or grant program as applicable)

5. **Date of Written Commitment:**  08/17/2018

6. **Value of Written Commitment:**  $56,362

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>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$289,884</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$289,884</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$289,884</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$289,884</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$72,894</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$72,894</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$362,778</td>
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</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: Georgia Housing & Finance Authority

Project: Atlanta HMIS Renewal FY2019
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: Shawn Williams
Date: 08/22/2019
Title: Director, Housing Assistance Division
Applicant Organization: Georgia Housing and Finance 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>
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</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td></td>
</tr>
<tr>
<td>3B. Description</td>
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</tr>
</tbody>
</table>

<table>
<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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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
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</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>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>7A. Attachment(s)</td>
<td></td>
</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td></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.

Applicant: Georgia Housing & Finance Authority
Project: Atlanta HMIS Renewal FY2019

Renewal Project Application FY2019 Page 39 09/14/2019
information screens (bullets are appropriate):

6D - Review Match

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>07/29/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
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</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/19/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>07/29/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/19/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/19/2019</td>
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<tr>
<td>1H. HUD-50070</td>
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<tr>
<td>1I. Cert. Lobbying</td>
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<tr>
<td>1J. SF-LLL</td>
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<tr>
<td>Recipient Performance</td>
<td>07/29/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/19/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/19/2019</td>
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<td>2A. Subrecipients</td>
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<tr>
<td>3A. Project Detail</td>
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<td>3B. Description</td>
<td>07/29/2019</td>
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<tr>
<td>4A. HMIS Standards</td>
<td>07/29/2019</td>
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<tr>
<td>6A. Funding Request</td>
<td>07/29/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>07/29/2019</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>08/19/2019</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 (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: 09/02/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: GA0351
   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: Partners for HOME

b. Employer/Taxpayer Identification Number (EIN/TIN): 47-3476724

c. Organizational DUNS: 080543384

| c. Organizational DUNS: | 080543384 | PLUS 4 |


d. Address

| Street 1: | 818 Pollard Blvd |
| Street 2: | Third Floor |
| City: | Atlanta |
| County: | Fulton |
| State: | Georgia |
| Country: | United States |
| Zip / Postal Code: | 30315 |

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: | Amy |
| Middle Name: |
| Last Name: | Zaremba |
| Suffix: |
| Title: | Deputy Director |
| Organizational Affiliation: | Partners for HOME |
| Telephone Number: | (404) 865-8859 |
Extension:

Fax Number: (404) 739-0265

Email: amzaremba@atlantaga.gov
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): Georgia
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Atlanta CoC Integrated Care PSH

16. Congressional District(s):
   a. Applicant: GA-005
      (for multiple selections hold CTRL key)
   b. Project: GA-005
      (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: Ms.
First Name: Cathryn
Middle Name:
Last Name: Marchman
Suffix:
Title: Executive Director
Telephone Number: (404) 694-2262
(Format: 123-456-7890)
Fax Number: (404) 739-0265
(Format: 123-456-7890)
Email: cmarchman@partnersforhome.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/02/2019
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: Partners for HOME
   Prefix: Ms.
   First Name: Cathryn
   Middle Name:
   Last Name: Marchman
   Suffix:
   Title: Executive Director

   Organizational Affiliation: Partners for HOME

   Telephone Number: (404) 694-2262
   Extension:

   Email: cmarchman@partnersforhome.org
   City: Atlanta
   County: Fulton
   State: Georgia
   Country: United States
   Zip/Postal Code: 30315

2. Employer ID Number (EIN): 47-3476724

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $330,171.00

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

Atlanta CoC Integrated Care PSH 818 Pollard Blvd Atlanta Georgia

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>09/02/2019</td>
<td></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:** Cathryn Marchman, Executive Director

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

**Date Signed:** 09/02/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Partners for HOME

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 Federal agency 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;

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: Cathryn
Middle Name
Last Name: Marchman
Suffix: 
Title: Executive Director
Telephone Number: (404) 694-2262
(Format: 123-456-7890)
Fax Number: (404) 739-0265
(Format: 123-456-7890)
Email: cmarchman@partnersforhome.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/02/2019
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: Partners for HOME

Name / Title of Authorized Official: Cathryn Marchman, Executive Director

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

Date Signed: 09/02/2019
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: Partners for HOME
Street 1: 818 Pollard Blvd
Street 2: Third Floor
City: Atlanta
County: Fulton
State: Georgia
Country: United States
Zip / Postal Code: 30315

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: Cathryn
Middle Name:
Last Name: Marchman
Suffix:
Title: Executive Director

Telephone Number: (404) 694-2262
(Format: 123-456-7890)
Fax Number: (404) 739-0265
(Format: 123-456-7890)

Email: cmarchman@partnersforhome.org

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

Date Signed: 09/02/2019
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 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.
   This grant has not completed a full contract year yet so there is no APR to submit.

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?  No

   Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.
   This grant just went under contract so there have been no drawdowns yet.

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.

<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: GA0351
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Atlanta CoC Integrated Care 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.

The Atlanta CoC Integrated Care PSH project will provide permanent supportive housing (PSH) for up to 32 high barrier, service-resistant, chronically homeless individuals. Using an integrated care model, this project will operate as a Housing First and harm reduction pilot, providing intensive wrap-around support with minimal entry and participation requirements.

As the Atlanta CoC focuses on meeting the USICH benchmarks of effectively ending chronic homelessness by 2019, the need for additional PSH units has been identified by the community, in order to meet that goal. However, for some of the most vulnerable and service resistant individuals, traditional PSH projects may not provide the intensity of supports and environment necessary to succeed for the most vulnerable.

This PSH pilot offers housing, leveraged from the Atlanta Housing, the local PHA, in the form of housing vouchers, paired with a highly skilled team of professionals, which include a licensed behavioral health clinician, a housing case manager, a peer specialist, a community health worker, a mid-level primary care professional, and a psychiatrist.

This multi-disciplinary team will focus on strategies to help the individuals achieve housing stability, such as:

- Stabilizing patients by helping them acquire housing, taking care of basic needs, supporting "daily living activities;"
- Taking a thorough medical history before engaging in specific interventions;
- Increasing access to services – medical, mental health and substance abuse;
- Utilizing motivational approaches to encourage participation in care;
- Incorporating trauma-informed care;
- Providing opportunities for peer support and group treatment;
- Implementing integrated mental health and substance abuse services into treatment programs; and
- Utilizing interdisciplinary teams and ensure regular treatment planning meetings, cross-training, multiple service locations, including in home care, and partnerships with other community agencies. (Collaborative Initiative to Help End Chronic Homelessness, 2010).

All referrals come from the CoC coordinated entry process, allowing for individuals who would be most likely to benefit from this model to access it. As with all CoC projects, this project partners with other agencies to coordinate for other support, such as income assistance.

Being a pilot project, it is hopeful that this project will show strong outcomes, illustrating that housing service resistant and chronically homeless individuals can work, provided the correct supports are offered. However, as with any new project, there may be unanticipated challenges, so it is not unlikely that the first year of this project will see lower outcomes.
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: ____________

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>

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? 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

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>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>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>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>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>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Applicant</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>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>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

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: 32
Total Beds: 32
Total Dedicated CH Beds: 32

<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>32</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: 32
   
   b. Beds: 32

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 32

   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: 55 Trinity Avenue SW
   Street 2: 55 Trinity Avenue SW
   City: Atlanta
   State: Georgia
   ZIP Code: 30303

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)

   130174 Atlanta
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>32</td>
<td>0</td>
<td>32</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 24</td>
<td>0</td>
<td>28</td>
<td></td>
<td>28</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>32</td>
<td>0</td>
<td>32</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>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>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>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>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>

**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>26</td>
<td>2</td>
<td>0</td>
<td>24</td>
<td>24</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>10</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>2</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>30</td>
<td>2</td>
<td>0</td>
<td>26</td>
<td>26</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</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</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</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>

Renewal Project Application FY2019 | Page 33 | 09/02/2019
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

| Total Value of Cash Commitments: | $0 |
| Total Value of In-Kind Commitments: | $82,543 |
| Total Value of All Commitments: | $82,543 |

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>Atlanta Housing V...</td>
<td>03/11/2019</td>
<td>$82,543</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: Atlanta Housing Vouchers
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 03/11/2019

6. Value of Written Commitment: $82,543

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>$255,035</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$48,508</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$303,543</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$26,628</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$330,171</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$82,543</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$82,543</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$412,714</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  Cathryn Marchman
Date: 09/02/2019
Title: Executive Director
Applicant Organization: Partners for HOME
Applicant: Partners for HOME (project applicant)  
Project: Atlanta CoC Integrated Care PSH

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 | X |
| 3B. Description | X |
| 3C. Dedicated Plus |   |

## 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 |   |
| 6D. Match | X |
| 6E. Summary Budget |   |

| Part 7 - Attachment(s) & Certification |   |

Renewal Project Application FY2019  Page 45  09/02/2019
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):

Updates to description and match.

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>09/02/2019</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>
</tbody>
</table>
Applicant: Partners for HOME (project applicant) 473476724.1
Project: Atlanta CoC Integrated Care PSH 175338

1D. SF-424 Congressional District(s) 09/02/2019
1E. SF-424 Compliance 09/02/2019
1F. SF-424 Declaration 09/02/2019
1G. HUD-2880 09/02/2019
1H. HUD-50070 09/02/2019
1I. Cert. Lobbying 09/02/2019
1J. SF-LLL 09/02/2019
Recipient Performance 09/02/2019
Renewal Expansion 09/02/2019
Renewal Grant Consolidation 09/02/2019
2A. Subrecipients No Input Required
3A. Project Detail 09/02/2019
3B. Description 09/02/2019
3C. Dedicated Plus 09/02/2019
4A. Services 09/02/2019
4B. Housing Type 09/02/2019
5A. Households 09/02/2019
5B. Subpopulations No Input Required
6A. Funding Request 09/02/2019
6D. Match 09/02/2019
6E. Summary Budget No Input Required
7A. Attachment(s) No Input Required
7A. In-Kind Match MOU Attachment No Input Required
7B. Certification 09/02/2019
Submission Without Changes 09/02/2019
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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2019 CoC Program grant competition.
- 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 Continuum of Care (CoC) Program Competition. For more information see the 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 Competition NOFA.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- 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 or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2019 CoC Program NOFA.
1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):
   If "Other", specify:

3. Date Received: 09/14/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Partners for HOME
   b. Employer/Taxpayer Identification Number (EIN/TIN): 47-3476724

c. Organizational DUNS: 080543384 PLUS 4

d. Address
   Street 1: 818 Pollard Blvd
   Street 2: Third Floor
   City: Atlanta
   County: Fulton
   State: Georgia
   Country: United States
   Zip / Postal Code: 30315

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: Amy
   Middle Name:
   Last Name: Zaremba
   Suffix:
   Title: Deputy Director
   Organizational Affiliation: Partners for HOME
   Telephone Number: (404) 865-8859
   Extension:
Fax Number:  (404) 739-0265
Email:  amzaremba@atlantaga.gov
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): Georgia
   (for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant’s Project: CoC 500 Planning 2019

16. Congressional District(s):
   a. Applicant: GA-005
   b. Project: GA-005
   (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:
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: Cathryn
Middle Name: 
Last Name: Marchman
Suffix: 
Title: Executive Director
Telephone Number: (404) 694-2262
(Format: 123-456-7890)
Fax Number: (404) 739-0265
(Format: 123-456-7890)
Email: cmarchman@partnersforhome.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/14/2019
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/Recipients Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Partners for HOME
   Prefix: Ms.
   First Name: Cathryn
   Middle Name:
   Last Name: Marchman
   Suffix:
   Title: Executive Director

   Organizational Affiliation: Partners for HOME
   Telephone Number: (404) 694-2262
   Extension:

   Email: cmarchman@partnersforhome.org
   City: Atlanta
   County: Fulton
   State: Georgia
   Country: United States
   Zip/Postal Code: 30315

2. Employer ID Number (EIN): 47-3476724

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance
   Requested/Received: $219,658

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

CoC 500 Planning 2019 818 Pollard Blvd Atlanta Georgia

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>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></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>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2019 CoC Planning Project Application</td>
<td>Page 10</td>
<td>09/14/2019</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: Cathryn Marchman, Executive Director

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

Date Signed: 09/14/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Partners for HOME

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 ---</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>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 ---</td>
</tr>
<tr>
<td></td>
<td>(1) Abide by the terms of the statement; and</td>
</tr>
<tr>
<td></td>
<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.</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 ---</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>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
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: Cathryn
Middle Name
Last Name: Marchman
Suffix:
Title: Executive Director
Telephone Number: (404) 694-2262
(Format: 123-456-7890)
Fax Number: (404) 739-0265
(Format: 123-456-7890)
Email: cmarchman@partnersforhome.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/14/2019
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: Partners for HOME

Name / Title of Authorized Official: Cathryn Marchman, Executive Director

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

Date Signed: 09/14/2019
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: Partners for HOME
Street 1: 818 Pollard Blvd
Street 2: Third Floor
City: Atlanta
County: Fulton
State: Georgia
Country: United States
Zip / Postal Code: 30315

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:  Cathryn
Middle Name:  
Last Name:  Marchman
Suffix:  
Title:  Executive Director
Telephone Number:  (404) 694-2262
(Format: 123-456-7890)
Fax Number:  (404) 739-0265
(Format: 123-456-7890)
Email:  cmarchman@partnersforhome.org
Signature of Authorized Official:  Considered signed upon submission in e-snaps.
Date Signed:  09/14/2019
2A. Project Detail

1a. CoC Number and Name: GA-500 - Atlanta CoC
1b. Collaborative Applicant Name: Partners for HOME

2. Project Name: CoC 500 Planning 2019

3. Component Type: CoC Planning Project Application
2B. Project Description

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

Partners for HOME (PFH), as the Collaborative Applicant for the Atlanta CoC, will use planning grant funds to support activities that comply with the provisions set forth in 24 CFR 578.7; that promote the goals of the federal homelessness plan, Opening Doors; and that leverage City of Atlanta and a variety of other resources committed to CoC planning. The grant funds will allow PFH to fully develop and operate a system that adheres to the HEARTH Act, HUD, and local CoC requirements to meet the needs of persons experiencing homelessness in Atlanta. This project will fund a total of 2.4 FTE staff for PFH. Additional grant funds will be used to support the development of PFH staff in areas such as strategic planning; performance and monitoring; data quality and improvement. These will all assist PFH in leading the CoC toward the goal of preventing and ending homelessness in Atlanta. Without this planning grant, it would be extremely difficult to provide the level of CoC planning needed to truly address homelessness in Atlanta.

Project staff funded by this grant and the City will assist with CoC planning activities that include, but are not limited to:

1. Facilitating the CoC process including outreach to stakeholders and convening of CoC meetings;
2. Leading and coordinating the execution of ClearPath: Atlanta’s Five Year Plan to Make Homelessness Rare, Brief, and Non-Recurring;
3. Planning for the expansion of Coordinated Assessment;
4. Collaborating with mainstream programs and other systems of care to better serve homeless people;
5. Coordinating with State and City ESG allocation plan, reporting, evaluation and performance and partnering with City on the 5-year Consolidated Plan;
6. Building, maintaining, expanding and tracking a housing inventory;
7. Working with HMIS staff, conducting an annual Point-In-Time count of homeless persons, and implementing HEARTH-compliant performance measures;
8. Providing support and training to providers to ensure high quality of care, system effectiveness, and removal of barriers to housing;
9. Monitoring and supporting HUD-funded and other providers to ensure system-wide performance and HUD compliance; and
10. Completing the annual CoC application.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

The CoC planning grant is expected to begin in June 2020, which will allow the work that has been done previously to continue seamlessly.
The estimated schedule for key activities under this CoC planning grant includes:
• CoC Governing Council meetings – quarterly
• Coordinated Assessment Workgroups (multiple) – bi-monthly
• Youth Action Board - monthly
• Youth Committee – monthly
• Employment and Income Workgroup – monthly
• Prevention, Diversion, and Rapid Exit Workgroup - weekly
• Outreach Committee - quarterly
• Rapid Rehousing Committee – ongoing, as needed
• Permanent Supportive Housing Committee – ongoing, as needed
• Performance Committee – quarterly
• HMIS Data Quality – quarterly
• Other Committees and Workgroups- ongoing and staggered.
• CoC application process, including Ranking and Review Committee – to be determined, based on release of NOFA
• Federal Reporting – ongoing, dependent on report schedule

In implementing the above tasks, and other tasks, the Executive Director will create and follow an overall CoC management plan that includes specific tasks, responsible persons, deliverables, and deadlines. The Executive Director will also report on the progress against CoC and organizational goals to both the PFH Board and the CoC Governing Council at scheduled meetings throughout the year. PFH will also staff or co-staff all CoC committees and the CoC Governing Council will monitor progress.

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• CoC Governing Council meetings – quarterly
• Coordinated Assessment Workgroups (multiple) – bi-monthly
• Youth Action Board - monthly
• Youth Committee – monthly
• Employment and Income Workgroup – monthly
• Diversion Workgroup - monthly
• Outreach Committee - quarterly
• Rapid Rehousing Committee – ongoing, as needed
• Permanent Supportive Housing Committee – ongoing, as needed
• Performance Committee – quarterly
• HMIS Data Quality – quarterly
• Other Committees and Workgroups- ongoing and staggered.
• CoC application process, including Ranking and Review Committee – to be determined, based on release of NOFA
• Federal Reporting – ongoing, dependent on report schedule

In implementing the above tasks, and other tasks, the Executive Director will create and follow an overall CoC management plan that includes specific tasks, responsible persons, deliverables, and deadlines. The Executive Director will also report on the progress against CoC and organizational goals to both the PFH Board and the CoC Governing Council at scheduled meetings throughout the year. PFH will also staff or co-staff all CoC committees and the CoC Governing Council will monitor progress.

3. How will the requested funds improve or maintain the CoC's ability to
evaluate the outcome of CoC and ESG projects?

The funding requested will increase the CoC’s capacity to monitor and evaluate both CoC and ESG program outcomes in a variety of ways, including, but not limited to:
• PFH staff will continue collaboration with the Atlanta ESG staff, including monthly meetings;
• PFH staff will have increased capacity to work with HMIS system admin staff to regularly review and improve HMIS data quality, thereby enhancing HMIS as a tool for tracking project outcomes for all programs, including CoC and ESG funded project;
• The Ranking and Review Committee will make use of HMIS-based performance data and project-specific performance goals in evaluating the effectiveness of CoC and ESG projects, and in rating and ranking CoC projects requesting funding;
• PFH staff will be better able to monitor CoC and ESG projects and provide suggestions and technical assistance for improvement;
• The CoC Governing Council will have improved tools to track the HEARTH Act community-wide performance measures;
• The Coordinated Assessment project (including all CoC and ESG-funded projects) will improve the CoC’s ability to track each homeless person’s progress and outcomes from the point of CoC system entry through placement and stabilization in permanent housing.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

CoC planning grant funds are a critical resource for developing and operating the Atlanta CoC. Prior to the expiration of this grant, PFH will work closely with the City of Atlanta, the United Way Regional Commission on Homelessness, and a variety of private foundations to identify the additional funds needed to continue CoC planning activities, in the event that additional HUD funds are not available in the next CoC program funding cycle.

There is a demonstrated commitment among key funders and stakeholders to support a sustainable CoC and make a significant impact on homelessness in Atlanta. In recent years, the Atlanta City Council authorized a $25 million homeless bond, which has been matched by $25 million in private funds for a $50 million total investment. This investment will support continued planning activities to include additional staffing support, evaluation training and capacity building. Additional operating dollars for planning activities will be secured through private and public dollars leveraged by PFH.
3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Bi-Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

<table>
<thead>
<tr>
<th>Role</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates in CoC meetings</td>
<td>X</td>
</tr>
<tr>
<td>Votes, including electing CoC Board</td>
<td>X</td>
</tr>
<tr>
<td>Sits on CoC Board</td>
<td>X</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

3. Does the CoC’s governance charter incorporate written policies and procedures for each of the following

   a. Written agendas of CoC meetings? Yes
   b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes
   c. Process for monitoring outcomes of ESG recipients? Yes
   d. CoC policies and procedures? Yes
   e. Written process for board selection? Yes
   f. Code of Conduct for board members that includes a recusal process? Yes
   g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No
3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC’s geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

<table>
<thead>
<tr>
<th>Name of Group</th>
<th>Role of the Group (max 750 characters)</th>
<th>Meeting Frequency</th>
<th>Name of Individuals and/or Organizations Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Rank and Review Committee</td>
<td>Carries out CoC project evaluation and rating, ranking, and tiering of projects seeking CoC funding</td>
<td>Semi-Annually</td>
<td>(meets during competition time) 9-12 members from city government, nonprofit partners, and community members - all who have knowledge of Atlanta homelessness needs and solutions.</td>
</tr>
<tr>
<td>Point in Time Planning Committee</td>
<td>Responsible for the planning and implementation of an annual PIT for the CoC</td>
<td>Weekly</td>
<td>(meets weekly app. Sept through Jan) 9-12 members of the CoC and relevant city departments (such as police and code enforcement).</td>
</tr>
<tr>
<td>HMIS Data Quality</td>
<td>Develops, implements and assists agencies in meeting data quality standards for the Atlanta CoC.</td>
<td>Monthly</td>
<td>11-13 members of the CoC, including HMIS super users and people with performance and data backgrounds.</td>
</tr>
<tr>
<td>Prevention, Diversion, and Rapid Exit</td>
<td>Develops CoC policies and programs relating to other methods resolving or preventing homelessness</td>
<td>Monthly</td>
<td>(under development) 8-12 members of the CoC representing legal agencies, shelter providers, PH providers, and other service providers.</td>
</tr>
<tr>
<td>Coordinated Entry Refinement</td>
<td>Provides ongoing assessment and suggestions for the CE system, to ensure it’s as efficient and effective as possible</td>
<td>Monthly</td>
<td>9-12 members of the CoC with different CE roles, including assessors, providers, and policy related people.</td>
</tr>
</tbody>
</table>
4A. 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></th>
<th>Value of Commitments</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>$55,620</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$55,620</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>City of Atlanta</td>
<td>09/16/2019</td>
<td>$55,620</td>
</tr>
</tbody>
</table>
Sources of Match Details

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:  City of Atlanta
   (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:  $55,620

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

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

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs:</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coordination Activities</td>
<td>0.1 FTE Executive Director – to conduct outreach to key CoC stakeholders and staff and facilitate CoC meetings, work groups, committees, and Governing Council. Includes salary, benefits, &amp; supplies ($16,094); .5 FTE Senior Project Manager – to manage and oversee planning and administration of coordinated entry activities to ensure continued expansion and execution of a system-wide coordinated entry project, includes salary and benefits ($39,978); 1 FTE Project Manager - to manage and oversee coordination of various projects, including those related to youth, families, and income ($67,059)</td>
<td>$123,131</td>
</tr>
<tr>
<td>2. Project Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Project Monitoring Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Participation in the Consolidated Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. CoC Application Activities</td>
<td>0.1 FTE Executive Director – to participate in the development of the Atlanta CoC application. Includes salary and benefits. ($16,094)</td>
<td>$16,094</td>
</tr>
<tr>
<td>6. Determining Geographical Area to Be Served by the CoC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Developing a CoC System</td>
<td>0.2 FTE Executive Director - to continue planning of coordinated assessment, updating of strategic plan, and planning of a housing &amp; services system that incorporates national best practices, HEARTH Act requirements, and meets the needs of homeless persons, includes salary, and benefits ($32,188); 0.5 FTE Coordinated Entry manager to oversee execution of coordinated entry and system transformation, includes salary, and benefits ($39,978). Positions include salary and benefits. Training, conferences, and consultations to assist in ensuring the Atlanta CoC continues to move towards a best practices system ($8,267)</td>
<td>$80,433</td>
</tr>
<tr>
<td>8. HUD Compliance Activities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Costs Requested $219,658
Cash Match $0
In-Kind Match $55,620
Total Match $55,620
Total Budget $275,278

Click the 'Save' button to automatically calculate the Total Assistance
## 5A. 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. Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Partners for HOME (project applicant)  
Project: CoC 500 Planning 2019

473476724.1  
175340
Attachment Details

Document Description:

Attachment Details

Document Description:
5A. In-Kind MOU Attachment

<table>
<thead>
<tr>
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<th>Required?</th>
<th>Document Description</th>
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</tr>
</thead>
<tbody>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
5B. 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.

1-Year Operation Rule.

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

D. Explanation.

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

Name of Authorized Certifying Official: Cathryn Marchman
Date: 09/14/2019
Title: Executive Director
Applicant Organization: Partners for HOME

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).
### 6A. Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
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</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
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<td>1C. SF-424 Application Details</td>
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<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>09/11/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/05/2019</td>
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<tr>
<td>1F. SF-424 Declaration</td>
<td>08/05/2019</td>
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<tr>
<td>1G. HUD 2880</td>
<td>08/05/2019</td>
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<tr>
<td>1H. HUD 50070</td>
<td>08/05/2019</td>
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<tr>
<td>1I. Cert. Lobbying</td>
<td>08/05/2019</td>
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<tr>
<td>1J. SF-LLL</td>
<td>08/05/2019</td>
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<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------</td>
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<tr>
<td>2A. Project Detail</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>2B. Description</td>
<td>09/11/2019</td>
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<tr>
<td>3A. Governance and Operations</td>
<td>09/11/2019</td>
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<tr>
<td>3B. Committees</td>
<td>09/13/2019</td>
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<tr>
<td>4A. Match</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>4B. Funding Request</td>
<td>09/14/2019</td>
</tr>
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<td>5A. Attachment(s)</td>
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<td>5A. In-Kind MOU Attachment</td>
<td>No Input Required</td>
</tr>
<tr>
<td>5B. Certification</td>
<td>09/14/2019</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: 09/14/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: GA0369

   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: Partners for HOME
b. Employer/Taxpayer Identification Number (EIN/TIN): 47-3476724

c. Organizational DUNS: 080543384

PLUS 4

d. Address
Street 1: 818 Pollard Blvd
Street 2: Third Floor
City: Atlanta
County: Fulton
State: Georgia
Country: United States
Zip / Postal Code: 30315

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: Amy
Middle Name: 
Last Name: Zaremba
Suffix: 
Title: Deputy Director
Organizational Affiliation: Partners for HOME
Telephone Number: (404) 865-8859
Extension:

Fax Number:  (404) 739-0265

Email:  amzaremba@atlantaga.gov
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):
   Georgia
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:
   Atlanta CoC PSH 2018

16. Congressional District(s):
   a. Applicant: GA-005
      (for multiple selections hold CTRL key)
   b. Project: GA-005
      (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:
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: Cathryn
Middle Name: 
Last Name: Marchman
Suffix: 
Title: Executive Director
Telephone Number: (404) 694-2262
(Format: 123-456-7890)
Fax Number: (404) 739-0265
(Format: 123-456-7890)
Email: cmarchman@partnersforhome.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/14/2019
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: Partners for HOME
   Prefix: Ms.
   First Name: Cathryn
   Middle Name: 
   Last Name: Marchman
   Suffix: 
   Title: Executive Director

Organizational Affiliation: Partners for HOME

Telephone Number: (404) 694-2262

Email: cmarchman@partnersforhome.org
City: Atlanta
County: Fulton
State: Georgia
Country: United States
Zip/Postal Code: 30315

2. Employer ID Number (EIN): 47-3476724

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $500,442.00

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

Atlanta CoC PSH 2018 818 Pollard Blvd Atlanta Georgia

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>

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>
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<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
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</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td></td>
<td>09/14/2019</td>
</tr>
</tbody>
</table>
### Participation in Project/Activity

<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>
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</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
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</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:** Cathryn Marchman, Executive Director

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

**Date Signed:** 09/14/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Partners for HOME

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.

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 09/14/2019
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: Cathryn
Middle Name
Last Name: Marchman
Suffix:
Title: Executive Director
Telephone Number: (404) 694-2262
(Format: 123-456-7890)
Fax Number: (404) 739-0265
(Format: 123-456-7890)
Email: cmarchman@partnersforhome.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/14/2019
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: Partners for HOME

Name / Title of Authorized Official: Cathryn Marchman, Executive Director

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

Date Signed: 09/14/2019
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: Partners for HOME
Street 1: 818 Pollard Blvd
Street 2: Third Floor
City: Atlanta
County: Fulton
State: Georgia
Country: United States
Zip / Postal Code: 30315

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: Cathryn
Middle Name:
Last Name: Marchman
Suffix:
Title: Executive Director

Telephone Number: (404) 694-2262
(Format: 123-456-7890)
Fax Number: (404) 739-0265
(Format: 123-456-7890)

Email: cmarchman@partnersforhome.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 09/14/2019
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, esnaps 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 esnaps 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.

   This is a new renewal so there has not been a full operating year.

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?  No

   Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

   This is a new renewal and no drawdowns have been made as it is not yet under contract.

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: $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: GA0369
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GA-500 - Atlanta CoC
2b. CoC Collaborative Applicant Name: Partners for HOME

3. Project Name: Atlanta CoC PSH 2018

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 Atlanta CoC TBRA PSH project will provide permanent supportive housing (PSH) for up to 35 chronically homeless individuals. In line with the focus and priorities of the Atlanta CoC, this project will operate as a Housing First and harm reduction program, with minimal entry and participation requirements.

As the Atlanta CoC focuses on meeting the USICH benchmarks of effectively ending chronic homelessness by the end of 2019, the need for additional PSH units has been identified by the community, in order to meet that goal. However, there is currently a shortage of PSH units.

All referrals will come from the CoC coordinated entry process, allowing for individuals who are most vulnerable to access housing first. As with all CoC projects, this project will partner with other agencies to coordinate for other support, such as income assistance.

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>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental illness</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
</tbody>
</table>

Other: 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. 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>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>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>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>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>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

| Renewal Project Application FY2019 | Page 27 | 09/14/2019 |
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: 31
Total Beds: 31
Total Dedicated CH Beds: 31

<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>31</td>
<td>31</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: 31
   b. Beds: 31

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: 55 Trinity Avenue SW
   Street 2: 
   City: Atlanta
   State: Georgia
   ZIP Code: 30303

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   130174 Atlanta
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>Adults over age 24</td>
<td>0</td>
<td>33</td>
<td>0</td>
<td>33</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>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>35</td>
<td>0</td>
<td>35</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>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>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>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>31</td>
<td>2</td>
<td>0</td>
<td>24</td>
<td>2</td>
<td>24</td>
<td>2</td>
<td>15</td>
<td>4</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>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>33</td>
<td>2</td>
<td>0</td>
<td>25</td>
<td>3</td>
<td>25</td>
<td>3</td>
<td>15</td>
<td>4</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>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>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:
   - Leased Units
   - Leased Structures
   - Rental Assistance  X
   - Supportive Services  X
   - 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>TRA</td>
<td>GA - Atlanta-Sandy Springs-Roswell, G...</td>
<td>31</td>
<td>$334,056</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $334,056
Total Units: 31
Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:**
GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

Does the applicant request rental assistance funding for less than the area’s per unit size fair market rents?

<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>$655</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$873</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>31</td>
<td>$898</td>
<td>x</td>
<td>12</td>
<td>$334,056</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,031</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,344</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,651</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,899</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,394</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,642</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,889</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 31

**Grant Term:** 1 Year

**Total Request for Grant Term:** $334,056

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: | $125,111 |
| Total Value of All Commitments: | $125,111 |

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>ViewPoint</td>
<td>09/20/2019</td>
<td>$50,044</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>HF Senior Program...</td>
<td>09/20/2019</td>
<td>$8,067</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>HF Outreach and A...</td>
<td>09/20/2019</td>
<td>$67,000</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: ViewPoint
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/20/2019

6. Value of Written Commitment: $50,044

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: HF Senior Program Manager
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/20/2019

6. Value of Written Commitment: $8,067

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: HF Outreach and Access
    (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/20/2019
6. Value of Written Commitment: $67,000

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

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>
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<tr>
<td>2. Rental Assistance</td>
<td>$334,056</td>
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<tr>
<td>3. Supportive Services</td>
<td>$122,244</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>$456,300</td>
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<tr>
<td>7. Admin (Up to 10%)</td>
<td>$44,142</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$500,442</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
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<tr>
<td>10. In-Kind Match</td>
<td>$125,111</td>
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<tr>
<td>11. Total Match</td>
<td>$125,111</td>
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<tr>
<td>12. Total Budget</td>
<td>$625,553</td>
</tr>
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</table>

Applicant: Partners for HOME (project applicant)  
Project: Atlanta CoC PSH 2018  

Renewal Project Application FY2019  
Page 39  
09/14/2019
# 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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<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
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<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>
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</tr>
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</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>
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</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
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</tr>
</tbody>
</table>

Applicant: Partners for HOME (project applicant)  
Project: Atlanta CoC PSH 2018

473476724.1  175339
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  Cathryn Marchman
Date: 09/14/2019
Title: Executive Director
Applicant Organization: Partners for HOME
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>
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<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>
<td>X</td>
</tr>
<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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</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
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<tr>
<td>4B. Housing Type</td>
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</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></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>
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<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
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<tr>
<td>6C. Rental Assistance</td>
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</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):

- **Project and match updates**

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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<tr>
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<td>08/25/2019</td>
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<td>1B. SF-424 Legal Applicant</td>
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</tbody>
</table>

**Applicant:** Partners for HOME (project applicant)  
**Project:** Atlanta CoC PSH 2018
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
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<tbody>
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<td>1D. SF-424 Congressional District(s)</td>
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<td>1E. SF-424 Compliance</td>
<td>08/25/2019</td>
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<tr>
<td>1F. SF-424 Declaration</td>
<td>09/14/2019</td>
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<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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<tr>
<td>1J. SF-LLL</td>
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<td>Recipient Performance</td>
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<td>3A. Project Detail</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/25/2019</td>
</tr>
<tr>
<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<tr>
<td>5A. Households</td>
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</tr>
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<td>5B. Subpopulations</td>
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<td>08/25/2019</td>
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<tr>
<td>6D. Match</td>
<td>09/14/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
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</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
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</tr>
<tr>
<td>7B. Certification</td>
<td>09/14/2019</td>
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<td>Submission Without Changes</td>
<td>09/14/2019</td>
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