

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 2017 Project Application will be imported into the FY 2018 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 2018 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: 09/03/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0104

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: Arizona Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6004791

| | | | | |
|--|--------------------------------|-----------|---------------|------|
| | c. Organizational DUNS: | 086704488 | PLUS 4 | 2818 |
|--|--------------------------------|-----------|---------------|------|

d. Address

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name: Special Needs Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Ditmore

Suffix:

Title: Director

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1007

Applicant: Arizona Department of Housing

86-6004791

Project: SPC Yuma and La Paz

160396

Extension:

Fax Number: (602) 771-1002

Email: carol.ditmore@azhousing.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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: SPC Yuma and La Paz

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
(for multiple selections hold CTRL key)

b. Project: AZ-004, AZ-003
(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: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Arizona Department of Housing

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1085

Extension:

Email: Karia.Basta@azhousing.gov

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85007

2. Employer ID Number (EIN): 86-6004791

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$474,879.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: SPC Yuma and La Paz 1110 West Washington Suite 280 Phoenix Arizona

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a | Social Security No. | Type of | Financial Interest | Financial Interest |
|---|---------------------|---------|--------------------|--------------------|
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| reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation | in Project/Activity (\$) | in Project/Activity (%) |
|---|--------------------|---------------|-----------------------------|----------------------------|
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 08/06/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Department of Housing

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; | |

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

X

accurate. ☐

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

Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Arizona Department of Housing

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 09/03/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Arizona Department of Housing

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

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 Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 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) 2019, as confirmed on the FY 2018 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 2018 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: \$474,879

| Organization | Type | Type | Sub-Award Amount |
|------------------------|------------------------------------|------------------------------------|------------------|
| ACHIEVE Human Services | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$474,879 |

2A. Project Subrecipients Detail

a. Organization Name: ACHIEVE Human Services

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

c. Employer or Tax Identification Number: 86-0354970

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 114443278 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 3250 A East 40th St.

Street 2:

City: Yuma

State: Arizona

Zip Code: 85365

f. Congressional District(s): AZ-004, AZ-003
(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: \$474,879

j. Contact Person

Prefix: Ms.

First Name: Brenda

Middle Name:

Last Name: McAdams

Suffix:

Title: Housing Supervisor

E-mail Address: bmcadams@achievehs.org

Confirm E-mail Address: bmcadams@achievehs.org

Phone Number: 928-341-4145

Extension:

Fax Number: 928-329-8950

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:** AZ0104

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

2a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

2b. CoC Collaborative Applicant Name: Arizona Department of Housing

3. Project Name: SPC Yuma and La Paz

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. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

The ACHIEVE SPC Yuma and La Paz Project provides permanent supportive housing dedicated to households who meet the definition of dedicated plus with a priority of serving those who meet the definition of chronically homeless. Housing is provided in Yuma and La Paz counties in western Arizona.

ACHIEVE Human Services supported housing program follows a best practices approach to treatment, delivering services to members that are sensitive to individual lifestyle and behavioral choices. Services offered by ACHIEVE Human Services supported housing program are meant to address a wide spectrum of cultural differences as well as the broad array of mental health concerns. Treatment goals include the prevention of unnecessary crisis visits and hospitalizations and promoting the highest level of independent living possible relative to the individual's abilities, desired outcome, and community resources.

Permanent Supportive housing services are provided by ACHIEVE Human services to assist individuals or families to obtain and maintain housing in an independent community setting including the person's own home or apartments and homes owned or leased by a subcontracted provider. These services may include rent and utility subsidies, and relocation services to a person or family for the purpose of securing and maintaining housing. In addition, Achieve Human Services offers clients services such as non-emergency transportation, behavioral health prevention and promotion education, self-help services, skills training and development, psychosocial rehab living skills, ongoing support to maintain employment, case management, personal care services, and interpreter services. Additionally, case managers guide clients in applying for all applicable benefits, i.e. Social Security SSI and/or SSDI, food stamps, TANF, and Medicare or AHCCCS. Achieve Human Services is adapting housing program to include Housing First methodologies and practices. The VI-SPDAT is used as a part of the coordinated entry process to ensure that those with highest need have a priority for housing.

Partners for the project include Community Bridges, Community Partners Integrated Healthcare, Crossroads Mission, Regional Center for Border Health, Horizon Health and Wellness, Nazcare, Telecare and Transitional Living Recovery Center.

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

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

| | | | |
|------------------------------------|--|-------------------|------------|
| Chronic Homeless | | Domestic Violence | |
| Renewal Project Application FY2018 | | Page 25 | 09/03/2018 |

| | | | |
|------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| | <input checked="" type="checkbox"/> | | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families with Children | <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

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

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

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% DedicatedPLUS 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.

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

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: 50

Total Beds: 73

Total Dedicated CH Beds: 21

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 40 | 55 |
| Scattered-site apartments (...) | --- | 10 | 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: 40

b. Beds: 55

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: 3250 A East 40th St.

Street 2:

City: Yuma

State: Arizona

ZIP Code: 85365

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

049027 Yuma County

4B. Housing Type and Location Detail

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

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

a. Units: 10

b. Beds: 18

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 5

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: 3250 A East 40th St

Street 2:

City: Yuma

State: Arizona

ZIP Code: 85365

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

049012 La Paz 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.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households | 20 | 30 | | 50 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 15 | 20 | | 35 |
| Adults ages 18-24 | 5 | 10 | | 15 |
| Accompanied Children under age 18 | 26 | | 0 | 26 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 46 | 30 | 0 | 76 |

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

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | 0 | 0 | 5 | 0 | 10 | 3 | | 0 | 5 |
| Adults ages 18-24 | | 0 | | 3 | | 2 | | | 0 | 0 |
| Children under age 18 | 0 | | | | 0 | 0 | 0 | 2 | 0 | 24 |
| Total Persons | 0 | 0 | 0 | 8 | 0 | 12 | 3 | 2 | 0 | 29 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|--------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | 1 | | 0 | 10 | 0 | 10 | 0 | 0 | 0 | 0 |
| Adults ages 18-24 | | 0 | 0 | 2 | 0 | 8 | 1 | 0 | 0 | 0 |
| Total Persons | 1 | 0 | 0 | 12 | 0 | 18 | 1 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |

| | | | | | | | | | | |
|-------------------------------------|---|--|--|---|---|---|---|---|---|---|
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

some adults and children don't have a specific condition.

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.

| | |
|------|---|
| 60% | Directly from the street or other locations not meant for human habitation. |
| 40% | Directly from emergency shelters. |
| | Directly from safe havens. |
| 0% | Persons fleeing domestic violence. |
| | Directly from transitional housing eliminated in a previous CoC Program Competition. |
| | Directly from the TH Portion of a Joint TH and PH-RRH Component project. |
| | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program. |
| 100% | Total of above percentages |

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 | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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.

| Total Request for Grant Term: | | \$446,772 | |
|-------------------------------|-------------------------------------|-----------------------|---------------|
| Total Units: | | 50 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | AZ - Yuma, AZ MSA (0402799999) | 40 | \$362,424 |
| TRA | AZ - La Paz County, AZ (0401299999) | 10 | \$84,348 |

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Yuma, AZ MSA (0402799999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | HUD Paid Rent (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|------------------------|---|----------------------|---------------------------|---|-----------|---|---------------------------|
| SRO | | x | \$479 | \$479 | x | | = | \$0 |
| 0 Bedroom | 8 | x | \$639 | \$639 | x | | = | \$61,344 |
| 1 Bedroom | 22 | x | \$655 | \$655 | x | | = | \$172,920 |
| 2 Bedrooms | 5 | x | \$870 | \$870 | x | | = | \$52,200 |
| 3 Bedrooms | 5 | x | \$1,266 | \$1,266 | x | | = | \$75,960 |
| 4 Bedrooms | | x | \$1,523 | \$1,523 | x | | = | \$0 |
| 5 Bedrooms | | x | \$1,751 | \$1,751 | x | | = | \$0 |
| 6 Bedrooms | | x | \$1,980 | \$1,980 | x | | = | \$0 |
| 7 Bedrooms | | x | \$2,208 | \$2,208 | x | | = | \$0 |
| 8 Bedrooms | | x | \$2,437 | \$2,437 | x | | = | \$0 |
| 9 Bedrooms | | x | \$2,665 | \$2,665 | x | | = | \$0 |
| Total Units and Annual Assistance Requested | 40 | | | | | | | \$362,424 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$362,424 |

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA


Metropolitan or non-metropolitan fair market rent area: AZ - La Paz County, AZ (0401299999)

Does the applicant request rental assistance No
funding for less than the area's per unit size
fair market rents?

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | HUD Paid Rent (Applicant) | 12 Months | | Total Request (Applicant) |
|--|---------------------------|---|-------------------------|---------------------------------|-----------|---|---------------------------------|
| SRO | | x | \$403 | \$403 | x | = | \$0 |
| 0 Bedroom | | x | \$537 | \$537 | x | = | \$0 |
| 1 Bedroom | 5 | x | \$541 | \$541 | x | = | \$32,460 |
| 2 Bedrooms | 3 | x | \$719 | \$719 | x | = | \$25,884 |
| 3 Bedrooms | 1 | x | \$900 | \$900 | x | = | \$10,800 |
| 4 Bedrooms | 1 | x | \$1,267 | \$1,267 | x | = | \$15,204 |
| 5 Bedrooms | | x | \$1,457 | \$1,457 | x | = | \$0 |
| 6 Bedrooms | | x | \$1,647 | \$1,647 | x | = | \$0 |
| 7 Bedrooms | | x | \$1,837 | \$1,837 | x | = | \$0 |
| 8 Bedrooms | | x | \$2,027 | \$2,027 | x | = | \$0 |
| 9 Bedrooms | | x | \$2,217 | \$2,217 | x | = | \$0 |
| Total Units and Annual Assistance Requested | 10 | | | | | | \$84,348 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$84,348 |

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: | \$31,067 |
| Total Value of In-Kind Commitments: | \$87,653 |
| Total Value of All Commitments: | \$118,720 |

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.

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|---------|------------|----------------------|--------------------|----------------------|
| Yes | Cash | Government | Arizona Departmen... | 08/15/2018 | \$31,067 |
| Yes | In-Kind | Private | ACHIEVE | 08/15/2018 | \$87,653 |

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: Arizona Department of Housing
(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: \$31,067

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: ACHIEVE
(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: \$87,653

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

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 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.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$0 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$446,772 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$446,772 |
| 7. Admin (Up to 10%) | \$28,107 |
| 8. Total Assistance plus Admin Requested | \$474,879 |
| 9. Cash Match | \$31,067 |
| 10. In-Kind Match | \$87,653 |
| 11. Total Match | \$118,720 |
| 12. Total Budget | \$593,599 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Achieve501c3 | 01/05/2014 |
| 2) Other Attachmenbt | No | EEO Survey | 09/17/2017 |
| 3) Other Attachment | No | Achieve Code of C... | 09/17/2017 |

Attachment Details

Document Description: Achieve501c3

Attachment Details

Document Description: EEO Survey

Attachment Details

Document Description: Achieve Code of Conduct

7A. In-Kind Match MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

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 Karia Basta

Date: 09/03/2018

Title: Special Needs Administrator

Applicant Organization: Arizona Department of Housing

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

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 | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| 5C. Outreach | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input checked="" type="checkbox"/> |

| | |
|---|-------------------------------------|
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7A. In-Kind Match MOU Attachment | <input type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

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):

Updated project detail, updated match, updated budget.

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

| Page | | Last Updated |
|------------------------------------|--|-------------------|
| 1A. SF-424 Application Type | | 08/06/2018 |
| 1B. SF-424 Legal Applicant | | No Input Required |
| Renewal Project Application FY2018 | | 09/03/2018 |

| |
|---------|
| Page 53 |
|---------|

| | |
|---|-------------------|
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/03/2018 |
| 1E. SF-424 Compliance | 08/06/2018 |
| 1F. SF-424 Declaration | 08/06/2018 |
| 1G. HUD-2880 | 08/06/2018 |
| 1H. HUD-50070 | 08/06/2018 |
| 1I. Cert. Lobbying | 08/06/2018 |
| 1J. SF-LLL | 08/06/2018 |
| Recipient Performance | 08/06/2018 |
| Renewal Grant Consolidation | 08/06/2018 |
| 2A. Subrecipients | 09/03/2018 |
| 3A. Project Detail | 08/06/2018 |
| 3B. Description | 09/03/2018 |
| 3C. Dedicated Plus | 08/06/2018 |
| 4A. Services | 08/06/2018 |
| 4B. Housing Type | 08/06/2018 |
| 5A. Households | 08/06/2018 |
| 5B. Subpopulations | 08/06/2018 |
| 5C. Outreach | 08/06/2018 |
| 6A. Funding Request | 08/06/2018 |
| 6C. Rental Assistance | 08/06/2018 |
| 6D. Match | 08/12/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/06/2018 |
| 7A. In-Kind Match MOU Attachment | No Input Required |
| 7B. Certification | 08/12/2018 |
| Submission Without Changes | 08/06/2018 |



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164841
Mar. 04, 2013 LTR 4168C E0
86-0354970 000000 00

00028511
BODC: TE

ACHIEVE HUMAN SERVICES INC
DBA THE YUMA W O R C CENTER
3250A EAST 40TH STREET
YUMA AZ 85365

059496

Employer Identification Number: 86-0354970
Person to Contact: B. HALL
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Feb. 21, 2013, 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 DECEMBER 1980.

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.

0248164841
Mar. 04, 2013 LTR 4168C E0
86-0354970 000000 00
00028512

ACHIEVE HUMAN SERVICES INC
DBA THE YUMA W O R C CENTER
3250A EAST 40TH STREET
YUMA AZ 85365

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

Sincerely yours,



Richard McKee, Department Manager
Accounts Management Operations

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|----------------------------------|------------------------|
| Applicant's (Organization) Name: | Achieve Human Services |
| Applicant's DUNS Name: | Achieve Human Services |
| Federal Program: | |
| CFDA Number: | |

1. Has the applicant ever received a grant or contract from the Federal government?

☒ Yes ☐ No

2. Is the applicant a faith-based organization?

☐ Yes ☒ No

3. Is the applicant a secular organization?

☐ Yes ☒ No

4. Does the applicant have 501(c)(3) status?

☒ Yes ☐ No

5. Is the applicant a local affiliate of a national organization?

☐ Yes ☒ No

6. How many full-time equivalent employees does the applicant have? (Check only one box.)

☐ 3 or fewer ☐ 15-50
☐ 4-5 ☐ 51-100
☐ 6-14 ☒ over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less Than \$150,000
☐ \$150,000 - \$299,999
☐ \$300,000 - \$499,999
☐ \$500,000 - \$999,999
☐ \$1,000,000 - \$4,999,999
☒ \$5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.



Empower the individuals that we serve to live their lives to their greatest potential

I. POLICY: CODE OF ETHICS

HR-400
LD-100.7
RI-114

ACHIEVE Human Services, Inc., is united in our support of the organization's Mission Statement, Vision Statement, and Core Values. We commit ourselves to these principles and ideals.

Our Mission Statement

Empower the individuals we serve to live their lives to their greatest potential.

Our Vision Statement

We lead in the development and delivery of innovative programs designed to strengthen individuals and build stronger communities.

Our Core Values

Respect
Integrity
Excellence
Optimism

Dignity
Innovation
Communication
Commitment

We model these values by:

- ✓ Treating all customers, clients, suppliers, fellow employees, and outside agencies in a professional manner with integrity.
- ✓ Treating all customers, clients, fellow employees, and outside agencies with respect and dignity.
- ✓ Committing each day to perform job duties with excellence and an eye for innovation.
- ✓ Grounding our work and decisions in insights gained from experience, knowledge, and data.
- ✓ Accomplishing business activities in a manner that is reflective of our code of ethics.

II. EMPLOYEE CODE OF ETHICS

- i. Customer/client/employee and family member's relationships of a close, personal, and/or romantic nature are considered non-therapeutic and professionally unethical while the customer is receiving services at the Agency.
- ii. Employees will not buy possessions from customers/clients, or their family members; purchase objects for customers/clients; sell anything to customers; loan money or borrow money from customers/clients; or hold, keep, invest, or otherwise control a customer's/client's monies, possessions, or properties, or those of client's families, relatives, or friends without the prior knowledge and written approval of the employee's Chief Executive Officer.
- iii. Employees will not solicit or request possessions, properties, or monies from clients, their families, relatives, friends, or family members.
- iv. Courtesy is important if satisfactory relationships are to be maintained between customers and visitors. Employees are responsible to maintain courtesy towards customers, visitors, and each other.
- v. Employees/clients may not conduct personal business while on duty. Supervisors will determine employee/client use of the telephone for personal calls. Employees/clients may not have personal mail addressed to them at the Agency. Neither social visits nor personal business may be conducted by employees/clients while they are on duty.
- vi. Efficient communication is vital to agency business, therefore internet/intranet, e-mail and voice mail systems were installed to improve productivity and better serve our customers. The Agency's computers, the network, computer applications, and phone systems are Agency property, and their purpose is to facilitate Agency business. The Agency's computer system may not be used for personal use or entertainment. These systems should be used for agency business only. Employees/clients are expected to operate these systems correctly. The Agency does not allow uploading and downloading information on the network without prior clearance from the Information Technology Department to insure proper compatibility, licensing, bandwidth capabilities and to prevent virus infiltration. If assistance is needed, seek help from the Information Technology Department (e-mail, computer or telephone).

Employees/clients are prohibited from unauthorized copying of software.

Employees/clients should exercise care in sending any electronic communications to ensure they do not improperly reveal confidential, proprietary, sensitive, and/or trade secret, Agency owned material or information, or client information. All communications using the Agency's computers and communications systems must be respectful and professional.

vii. Confidentiality

1. Agency staff/clients are here to serve the welfare and best interests of our customers, clients, their fellow employees, the Agency, and the community. To ensure this, staff/clients must at all times consider customer/client and agency information as confidential. Customer/client information will only be released upon written authorization by the customer/client, in response to a lawful court order, and/or according to Agency privacy policies. The Agency group adheres to all applicable federal and state patient confidentiality guidelines. No information identifying a customer receiving services may be disclosed without prior written informed consent of the customer.
2. Any information which may be overheard concerning customers, clients, staff, and others while performing work duties at the Agency is to be considered completely confidential.
3. Violation of this policy may result in discipline, up to and including suspension or termination.

III. CODES OF ETHICAL CONDUCT

These Codes of Ethical Conduct represents the policy of ACHIEVE Human Services, Inc. and are designed to express a shared vision of our beliefs, culture, and values. This shared vision is intended to guide the conduct of the Agency's employees and representatives. In addition, it provides the framework for fostering an environment that promotes ethical conduct in carrying out the business of the Agency. This shared vision looks inward to the staff and board members of the Agency and outward to our clients and other customers. The presence of a code of ethics sends a strong signal to our staff and board members that certain standards must be met in conducting the Agency's day-to-day operations. It also is intended to foster a strong sense of confidence among persons receiving services and their

families as well as other people outside our Agency whose business brings them in contact with ACHIEVE Human Services, Inc. ACHIEVE Human Services, Inc. builds ethical values into its decision-making systems and in so doing takes effective action

in the establishment of a basic moral reference point. Creating a workplace culture in which every employee believes in the Agency's values is critical to the ultimate success of ACHIEVE Human Services, Inc.

Ethical conduct should be in evidence throughout the activities of all personnel of the Agency and should be seen in their communications with the persons receiving services, families, referring agencies, and the community at large. The Agency's marketing approach, how the Agency involves the persons receiving services and their families in the service provision process and the outcomes of those services, and the Agency's communications with referral sources should demonstrate ongoing ethical conduct. To ensure consistent ethical conduct, the Agency has established codes of ethical conduct in the following areas:

- Principles of conduct relating to staff members and their professional conduct/responsibilities and the manner in which they deliver services.
 - Principles of conduct relating to members of the Board of Directors.
 - Principles of conduct relating to Human Resource practices/activities.
 - Principles of conduct relating to Business, Financial, and Marketing practices/activities.
- A. *Mission Statement:* Empower the individuals that we serve to live their lives to their greatest potential.
- B. *Vision Statement:* We lead in the development and delivery of innovative programs designed to strengthen individuals and build stronger communities.
- C. *Principles:* ACHIEVE Human Services' organizational philosophy is predicated on the belief that every individual receiving services has the right to work toward achieving the same quality of life as do other and that all people need to lead lives of self-fulfillment and meaning. Achieving quality of life entails exposure to opportunities, freedom choice, participation in community life, and self-directedness. ACHIEVE Human Services, Inc. further believes that five (5) concepts must be our organizational guideposts to ensure that all which we do maximizes the potential of each person receiving services to attain this quality of life. Those five (5) concepts are: normalization, empowerment, integration, inclusion, and autonomy.

D. *Core Values:* The core values that serve as the roots for ACHIEVE Human Services' Codes of Ethical Conduct are as follows:

1. Integrity
2. Accountability
3. Fiscal Responsibility
4. Quality Service, Products, and Delivery
5. Community Integration
6. Positive Outcomes for Persons Served

E. *Principles of Conduct for Staff Members:* The following principles are designed to guide staff members in their professional conduct/responsibilities and in their treatment of/delivery of services to consumers, members of the community, and other stakeholders.

- To recognize the worth, dignity, and rights of all people associated with the Agency.
- To do their best to see that the Agency meets the needs of the persons receiving services.
- To contribute to the development of program options that preserves the dignity of persons receiving services and their families.
- To recognize that all services must be client-driven.
- To provide positive programming in the least restrictive/most integrated setting(s) of the individual's choice.
- To promote the growth and independence of persons with disabilities.
- To be committed to the provision of quality services for persons with disabilities.
- To help individuals in recognizing and maximizing their strengths.
- To recognize that the progress of individuals is what makes the Agency successful in the promotion and implementation of its programs and services.
- To encourage self-advocacy and the dignity of risk.

- To maintain an on-going awareness of the evolving needs of persons receiving services and advocate for services that meet those needs.
- To not discriminate against or refuse services to anyone on the basis of age, race, creed, color, disability, marital status, sex, national origin, or ancestry or any other prohibited statute.
- To adhere to Agency policies and procedures.
- To not use their professional relationship with the Agency in a manner that may be perceived as a conflict of interest.
- To support a work atmosphere that is open and non-secretive while being mindful of the need for confidentiality.
- To respect the privacy of all persons receiving services and maintain confidentiality of records.
- To create and maintain a climate of loyalty, trust, and mutual respect.
- To respect the rights and views of co-workers and treat them with fairness, courtesy, and good faith.
- To promote the on-going development of the Agency by offering positive ideas and alternatives.
- To support management decisions.
- To be loyal to the Agency and to refrain from engaging in activities/behaviors that might bring discredit to the Agency.
- To uphold all applicable laws and regulations, going beyond the letter of the law to protect and/or enhance the Agency's ability to meet its mission.
- To be a responsible steward of the Agency's resources.
- To strive for personal and professional growth to improve effectiveness.
- To carefully consider the public perception of personal and professional actions and the effect actions could have on the Agency's reputation in the community and elsewhere.

F *Principles of Conduct for the Board of Directors:* The following principles are designed to guide members of the Board of Directors in their professional

conduct/responsibilities and in their treatment of/delivery of services to clients, members of the community, and other stakeholders.

- To uphold the duties of their office and to support and promote the mission, vision, values, and codes of ethical conduct of the Agency.
- To see that ACHIEVE Human Services, Inc. is operated in a manner that upholds the Agency's integrity, adheres to its bylaws, and merits the trust and support of the public.
- To support programs and services that help people with disabilities to achieve independence and self-sufficiency.
- To promote services that embodies rehabilitation options in community settings.
- To help to improve the quality and cost efficiency of serviced provided by the Agency.
- To advocate in the development and promotion of public policy that addresses the needs and concerns of people with disabilities.
- To participate in decisions affecting the governance and policy setting functions of the Board of Directors.
- To oversee a complete and accurate accounting of all funds received and dispersed, and to ensure the completion of a certified audit conducted by an outside firm.
- To be actively involved to ensure effective organizational planning.
- To oversee the development and implementation of all policies affecting the Agency.
- To support the President/CEO in his or her day-to-day activities and to annually evaluate his or her level of performance annually.
- To assist in the identification of appropriate resources and the management of such resources in an effective and efficient manner.
- To assist in the establishment and monitoring of all organizational programs and services.

- To promote the public image of the Agency.
- To uphold all actions and resolutions adopted by the Board of Directors.
- To recognize the worth, dignity, and rights of persons receiving services and of the Agency.
- To encourage self-advocacy and the dignity of risk.
- To value and promote effective management and public accountability.
- To not engage in nor condone any form of harassment or discrimination.
- To respect the rights and views of their colleagues and to treat them with fairness, courtesy, and good faith.
- To be a responsible steward of the Agency's resources.
- To carefully consider the public perception of personal and professional actions and the effects actions could have, positively or negatively, on the Agency's reputation in the community and elsewhere.
- To refrain from unwarranted intrusion into the responsibilities of the Agency's operational management.
- To strive for personal and professional growth to improve effectiveness as a Board member.

G. *Principles of Conduct Relating to Business, Financial, and Marketing*

Practices/Activities: The following principles are designed to guide staff members who engage in business, financial, and marketing practices/activities in their professional conduct and their treatment of persons served, members of the community, and other stakeholders.

- To assist the Agency in complying with all Department of Labor and/or Internal Revenue Service Laws.
- To represent the Agency's programmatic and business practices accurately and fairly to the public at large.
- Marketing and business activities are a part of the Agency's accountability to the public.
- Marketing and business activities will never knowingly mislead or misinform the public or misrepresent the Agency.

- Marketing and business activities will uphold the integrity of the Agency so as to merit the continued support and trust of the public.
- To ensure that all quotes for subcontract work or services incorporate all direct costs, indirect costs, and consideration of prevailing fair market prices.
- As appropriate, to participate in promoting the services of the Agency and educating the general public (including families, employers, and civic leaders) about Agency services and programs.
- Marketing and business activities/efforts shall always respect the dignity of privacy rights of persons receiving services.
- Community members must always be treated with respect and dignity.
- Requests for information from community members are responded to in a timely manner.
- Concerns or complaints from the community are addressed.
- Input is solicited from the community and is considered in a respectful manner.
- As guided by job responsibility, to ensure that financial records are maintained in accordance with generally accepted accounting principles.
- All financial practices of the Agency shall be handled in accordance with all applicable federal, state, and local laws.
- All financial matters that fall within the purview of the Agency's management policies shall comply with those policies.
- All financial matters covered by the Agency's bylaws shall be handled in accordance with those bylaws.

H. *Principles of Conduct Relating to Human Resource Practices/Activities:* Specific policies addressing standards of conduct and personnel policies are outlined within the Agency's Human Resources Policies and Procedures Manual. Employees specifically involved in human resource management practices/activities must adhere to the following core principles:

- To be responsible for adding value to and contributing to the ethical success of the Agency. (**Professional Responsibility**)
- To strive to meet the highest standards of competence and commit to strengthen personal competencies on a continuous basis. (**Professional Development**)
- To exhibit leadership as a role model for maintaining the highest standards of ethical conduct. (**Ethical Leadership**)
- To be ethically responsible for promoting and fostering fairness and justice for all employees within the Agency. (**Fairness and Justice**)
- To maintain a high level of trust with stakeholders. To protect the interests of stakeholders, as well as our professional integrity. To not engage in activities that creates actual, apparent, or potential conflicts of interest. (**Conflicts of Interest**)
- To consider and protect the rights of individuals, especially in the acquisition and dissemination of information while ensuring truthful communications and facilitating informed decision-making. (**Use of Information**)

I. *Procedures for Addressing Allegations of Violations of the Codes of Ethical Conduct - Staff Member.*

A. Any violation of codes of ethics or codes of ethical conduct shall result in disciplinary action, up to and including suspension or termination. Everyone has the responsibility to report any known violations to the Human Resources Manager or to the President/CEO or designee.

B. The Agency shall investigate and act upon allegations of violations of ethical conduct, will address all allegations and will conduct a follow-up. An investigation of the violation will be initiated within (3) working days of the reported violation.

C. Any alleged violation of any principle of conduct in any of the Codes of Ethical Conduct will be resolved according to the following applicable policies: HR-116 – Whistleblower, HR-405-Corrective Action and HR-418-Employee Complaint Resolution and Open Door Policy.

- J. *Procedures for Addressing Allegations of Violations of the Code of Ethical Conduct - Board Member.* Any alleged violation of any principle of conduct in any of the Codes of Ethical Conduct will be resolved according the Agency bylaws.
- K. *Policies to Educate Staff Members, Board Members, and Other Stakeholders on Codes of Ethical Conduct.* For staff members, the codes of ethical conduct are reviewed with them at new staff orientation. Thereafter, Codes of Ethical Conduct are reviewed with staff members on an annual basis. Board members are provided with the codes of ethical conduct at Board member orientation. The standards of conduct that specifically related to them are reviewed at that time. Persons receiving services and their families, and referring Agency counselors are informed of the Agency's codes of ethical conduct at orientation and through the Agency's website.

Date Last Revised: 11/10, 04/11, 12/11, 12/11, 12/12


APPROVED BY:

 12/18/12

Randall Chapman, Board of Directors Chair Date

 12/18/2012

Carol A. Carr, President/CEO Date

 12-18-12

Anna Hemmer, Human Resources Manager Date

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 2017 Project Application will be imported into the FY 2018 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 2018 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: 09/03/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0016

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: Arizona Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6004791

| | | | | |
|--|--------------------------------|-----------|---------------|------|
| | c. Organizational DUNS: | 086704488 | PLUS 4 | 2818 |
|--|--------------------------------|-----------|---------------|------|

d. Address

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name: Special Needs Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Ditmore

Suffix:

Title: Director

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1007

Applicant: Arizona Department of Housing

86-6004791

Project: Permanent Housing Yuma

160380

Extension:

Fax Number: (602) 771-1002

Email: carol.ditmore@azhousing.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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Permanent Housing Yuma

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
(for multiple selections hold CTRL key)

b. Project: AZ-004, AZ-003
(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: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Arizona Department of Housing

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1085

Extension:

Email: Karia.Basta@azhousing.gov

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85007

2. Employer ID Number (EIN): 86-6004791

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$269,683.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity:

Permanent Housing Yuma 1110 West Washington Suite 280 Phoenix Arizona

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a | Social Security No. | Type of | Financial Interest | Financial Interest |
|---|---------------------|---------|--------------------|--------------------|
| Renewal Project Application FY2018 | | Page 10 | | 09/03/2018 |

| reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation | in Project/Activity (\$) | in Project/Activity (%) |
|---|--------------------|---------------|-----------------------------|----------------------------|
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 08/06/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Department of Housing

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; | |

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

X

accurate. ☐

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

Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Arizona Department of Housing

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 09/03/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Arizona Department of Housing

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

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 Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 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) 2019, as confirmed on the FY 2018 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 2018 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: \$269,683

| Organization | Type | Type | Sub-Award Amount |
|------------------------|------------------------------------|------------------------------------|------------------|
| ACHIEVE Human Services | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$269,683 |

2A. Project Subrecipients Detail

a. Organization Name: ACHIEVE Human Services

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

c. Employer or Tax Identification Number: 86-0354970

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 114443278 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 3250 A East 40th St.

Street 2:

City: Yuma

State: Arizona

Zip Code: 85365

f. Congressional District(s): AZ-004, AZ-003
(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: \$269,683

j. Contact Person

Prefix: Ms.

First Name: Brenda

Middle Name:

Last Name: McAdams

Suffix:

Title: Housing Supervisor

E-mail Address: bmcadams@achievehs.org

Confirm E-mail Address: bmcadams@achievehs.org

Phone Number: 928-341-4145

Extension:

Fax Number: 928-329-8950

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:** AZ0016

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

2a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

2b. CoC Collaborative Applicant Name: Arizona Department of Housing

3. Project Name: Permanent Housing Yuma

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. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

The Permanent Housing Project-Yuma provides permanent supportive housing dedicated to households that meet the definition of dedicated plus with a priority to serve those who meet the definition of chronically homeless. Individuals who are chronically homeless in Yuma County are the primary audience. ACHIEVE uses the VI-SPDAT to assess housing needs and determine priorities related to Housing.

ACHIEVE Human Services supported housing program follows a best practices approach to treatment, delivering services to members that are sensitive to individual lifestyle and behavioral choices. Services offered by ACHIEVE Human Services supported housing program are meant to address a wide spectrum of cultural differences as well as the broad array of mental health concerns. Treatment goals include the prevention of unnecessary crisis visits and hospitalizations and promoting the highest level of independent living possible relative to the individual's abilities, desired outcome, and community resources.

Partners include Cenpatico Integrated Care, Assurance Health and Wellness, Horizon Health and Wellness, HOPE, Inc., Telecare, Nazcare, Transitional Living Center Recovery, and Community Health Associates.

Permanent Supportive housing services are provided by ACHIEVE Human services to assist individuals or families to obtain and maintain housing in an independent community setting including the person's own home or apartments and homes owned or leased by a subcontracted provider. These services may include rent and utility subsidies, and relocation services to a person or family for the purpose of securing and maintaining housing. In addition, Achieve Human Services offers clients services such as non-emergency transportation, behavioral health prevention and promotion education, self-help services, skills training and development, psychosocial rehab living skills, ongoing support to maintain employment, case management, personal care services, and interpreter services. Additionally, case managers guide clients in applying for all applicable benefits, i.e. Social Security SSI and/or SSDI, food stamps, TANF, and Medicare or AHCCCS. ACHIEVE participates in the local coordinated entry process to ensure participants are matched with appropriate housing types. Achieve Human Services applies Housing First methodologies and practices to ensure that services are rights-based and client centered.

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

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

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

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

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

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% DedicatedPLUS 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.

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

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: 37

Total Dedicated CH Beds: 15

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 20 | 37 |

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: 37

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: 3250 A East 40th St.

Street 2:

City: Yuma

State: Arizona

ZIP Code: 85365

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

040558 Yuma

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.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households | 7 | 13 | | 20 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 5 | 10 | | 15 |
| Adults ages 18-24 | 4 | 3 | | 7 |
| Accompanied Children under age 18 | 15 | | 0 | 15 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 24 | 13 | 0 | 37 |

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

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | 0 | 0 | 1 | 2 | 0 | 5 | 2 | | 0 | 0 |
| Adults ages 18-24 | | 0 | | | | 2 | | | 0 | 2 |
| Children under age 18 | 0 | | | | 0 | 0 | 0 | | 0 | 15 |
| Total Persons | 0 | 0 | 1 | 2 | 0 | 7 | 2 | 0 | 0 | 17 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|--------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | | 1 | 3 | 0 | 10 | 2 | 0 | 0 | 0 |
| Adults ages 18-24 | | 0 | 0 | 2 | 0 | 3 | 1 | 1 | 1 | 0 |
| Total Persons | 0 | 0 | 1 | 5 | 0 | 13 | 3 | 1 | 1 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |

| | | | | | | | | | | |
|-------------------------------------|---|--|--|---|---|---|---|---|---|---|
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

Some children and adults do not have a specific condition.

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.

| | |
|------|---|
| 50% | Directly from the street or other locations not meant for human habitation. |
| 50% | Directly from emergency shelters. |
| | Directly from safe havens. |
| 0% | Persons fleeing domestic violence. |
| | Directly from transitional housing eliminated in a previous CoC Program Competition. |
| | Directly from the TH Portion of a Joint TH and PH-RRH Component project. |
| | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program. |
| 100% | Total of above percentages |

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 | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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](#).

| Total Request for Grant Term: | | \$196,848 | |
|-------------------------------|--------------------------------|-----------------------|---------------|
| Total Units: | | 20 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | AZ - Yuma, AZ MSA (0402799999) | 20 | \$196,848 |

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Yuma, AZ MSA (0402799999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | HUD Paid Rent (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|------------------------|---|----------------------|---------------------------|---|-----------|---|---------------------------|
| SRO | | x | \$479 | \$479 | x | | = | \$0 |
| 0 Bedroom | | x | \$639 | \$639 | x | | = | \$0 |
| 1 Bedroom | 12 | x | \$655 | \$655 | x | | = | \$94,320 |
| 2 Bedrooms | 4 | x | \$870 | \$870 | x | | = | \$41,760 |
| 3 Bedrooms | 4 | x | \$1,266 | \$1,266 | x | | = | \$60,768 |
| 4 Bedrooms | | x | \$1,523 | \$1,523 | x | | = | \$0 |
| 5 Bedrooms | | x | \$1,751 | \$1,751 | x | | = | \$0 |
| 6 Bedrooms | | x | \$1,980 | \$1,980 | x | | = | \$0 |
| 7 Bedrooms | | x | \$2,208 | \$2,208 | x | | = | \$0 |
| 8 Bedrooms | | x | \$2,437 | \$2,437 | x | | = | \$0 |
| 9 Bedrooms | | x | \$2,665 | \$2,665 | x | | = | \$0 |
| Total Units and Annual Assistance Requested | 20 | | | | | | | \$196,848 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$196,848 |

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: | \$17,643 |
| Total Value of In-Kind Commitments: | \$49,778 |
| Total Value of All Commitments: | \$67,421 |

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.

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|---------|------------|----------------------|--------------------|----------------------|
| Yes | Cash | Government | Arizona Departmen... | 08/15/2018 | \$17,643 |
| Yes | In-Kind | Private | ACHIEVE | 08/15/2018 | \$49,778 |

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: Arizona Department of Housing
(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: \$17,643

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: ACHIEVE
(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: \$49,778
- Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 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.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$0 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$196,848 |
| 3. Supportive Services | \$60,000 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$256,848 |
| 7. Admin (Up to 10%) | \$12,835 |
| 8. Total Assistance plus Admin Requested | \$269,683 |
| 9. Cash Match | \$17,643 |
| 10. In-Kind Match | \$49,778 |
| 11. Total Match | \$67,421 |
| 12. Total Budget | \$337,104 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | ACHIEVE 501 c3 | 10/30/2015 |
| 2) Other Attachmenbt | No | EEO Survey | 09/17/2017 |
| 3) Other Attachment | No | Code of Conduct | 09/17/2017 |

Attachment Details

Document Description: ACHIEVE 501 c3

Attachment Details

Document Description: EEO Survey

Attachment Details

Document Description: Code of Conduct

7A. In-Kind Match MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

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 Karia Basta

Date: 09/03/2018

Title: Special Needs Administrator

Applicant Organization: Arizona Department of Housing

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

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 | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| 5C. Outreach | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input checked="" type="checkbox"/> |

| | |
|--|-------------------------------------|
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7A. In-Kind Match MOU Attachment | <input type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

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):

Updated request amount. Updated match information.

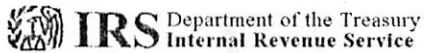
The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

| Page | | Last Updated |
|------------------------------------|--|-------------------|
| 1A. SF-424 Application Type | | 08/06/2018 |
| 1B. SF-424 Legal Applicant | | No Input Required |
| Renewal Project Application FY2018 | | 09/03/2018 |

| |
|---------|
| Page 51 |
|---------|

| | |
|---|-------------------|
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/03/2018 |
| 1E. SF-424 Compliance | 08/06/2018 |
| 1F. SF-424 Declaration | 08/06/2018 |
| 1G. HUD-2880 | 08/06/2018 |
| 1H. HUD-50070 | 08/06/2018 |
| 1I. Cert. Lobbying | 08/06/2018 |
| 1J. SF-LLL | 08/06/2018 |
| Recipient Performance | 08/06/2018 |
| Renewal Grant Consolidation | 08/06/2018 |
| 2A. Subrecipients | 09/03/2018 |
| 3A. Project Detail | 08/06/2018 |
| 3B. Description | 09/03/2018 |
| 3C. Dedicated Plus | 08/06/2018 |
| 4A. Services | 08/06/2018 |
| 4B. Housing Type | 08/06/2018 |
| 5A. Households | 08/06/2018 |
| 5B. Subpopulations | 08/06/2018 |
| 5C. Outreach | 08/06/2018 |
| 6A. Funding Request | 08/06/2018 |
| 6C. Rental Assistance | 08/06/2018 |
| 6D. Match | 08/12/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/06/2018 |
| 7A. In-Kind Match MOU Attachment | No Input Required |
| 7B. Certification | 08/12/2018 |
| Submission Without Changes | 08/06/2018 |



Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752251763
Mar. 04, 2015 LTR 4168C 0
86-0354970 000000 00
00022182
BODC: TE

ACHIEVE HUMAN SERVICES INC
DBA THE YUMA W O R C CENTER
3250A E 40TH ST
YUMA AZ 85365-7748

027285

Employer Identification Number: 86-0354970
Person to Contact: Customer Service
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 23, 2015, 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 December 1980.

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.

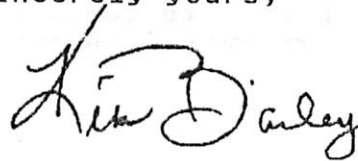
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third 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.

0752251763
Mar. 04, 2015 LTR 4168C 0
86-0354970 000000 00
00022183

ACHIEVE HUMAN SERVICES INC
DBA THE YUMA W O R C CENTER
3250A E 40TH ST
YUMA AZ 85365-7748

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

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Kim D. Bailey". The signature is written in dark ink and is positioned above the printed name and title.

Kim D. Bailey
Operations Manager, AM Operations 3

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|----------------------------------|------------------------|
| Applicant's (Organization) Name: | Achieve Human Services |
| Applicant's DUNS Name: | Achieve Human Services |
| Federal Program: | |
| CFDA Number: | |

1. Has the applicant ever received a grant or contract from the Federal government?

☒ Yes ☐ No

2. Is the applicant a faith-based organization?

☐ Yes ☒ No

3. Is the applicant a secular organization?

☐ Yes ☒ No

4. Does the applicant have 501(c)(3) status?

☒ Yes ☐ No

5. Is the applicant a local affiliate of a national organization?

☐ Yes ☒ No

6. How many full-time equivalent employees does the applicant have? (Check only one box.)

☐ 3 or fewer ☐ 15-50
☐ 4-5 ☐ 51-100
☐ 6-14 ☒ over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less Than \$150,000
☐ \$150,000 - \$299,999
☐ \$300,000 - \$499,999
☐ \$500,000 - \$999,999
☐ \$1,000,000 - \$4,999,999
☒ \$5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.



Empower the individuals that we serve to live their lives to their greatest potential

I. POLICY: CODE OF ETHICS

HR-400
LD-100.7
RI-114

ACHIEVE Human Services, Inc., is united in our support of the organization's Mission Statement, Vision Statement, and Core Values. We commit ourselves to these principles and ideals.

Our Mission Statement

Empower the individuals we serve to live their lives to their greatest potential.

Our Vision Statement

We lead in the development and delivery of innovative programs designed to strengthen individuals and build stronger communities.

Our Core Values

Respect
Integrity
Excellence
Optimism

Dignity
Innovation
Communication
Commitment

We model these values by:

- ✓ Treating all customers, clients, suppliers, fellow employees, and outside agencies in a professional manner with integrity.
- ✓ Treating all customers, clients, fellow employees, and outside agencies with respect and dignity.
- ✓ Committing each day to perform job duties with excellence and an eye for innovation.
- ✓ Grounding our work and decisions in insights gained from experience, knowledge, and data.
- ✓ Accomplishing business activities in a manner that is reflective of our code of ethics.

II. EMPLOYEE CODE OF ETHICS

- i. Customer/client/employee and family member's relationships of a close, personal, and/or romantic nature are considered non-therapeutic and professionally unethical while the customer is receiving services at the Agency.
- ii. Employees will not buy possessions from customers/clients, or their family members; purchase objects for customers/clients; sell anything to customers; loan money or borrow money from customers/clients; or hold, keep, invest, or otherwise control a customer's/client's monies, possessions, or properties, or those of client's families, relatives, or friends without the prior knowledge and written approval of the employee's Chief Executive Officer.
- iii. Employees will not solicit or request possessions, properties, or monies from clients, their families, relatives, friends, or family members.
- iv. Courtesy is important if satisfactory relationships are to be maintained between customers and visitors. Employees are responsible to maintain courtesy towards customers, visitors, and each other.
- v. Employees/clients may not conduct personal business while on duty. Supervisors will determine employee/client use of the telephone for personal calls. Employees/clients may not have personal mail addressed to them at the Agency. Neither social visits nor personal business may be conducted by employees/clients while they are on duty.
- vi. Efficient communication is vital to agency business, therefore internet/intranet, e-mail and voice mail systems were installed to improve productivity and better serve our customers. The Agency's computers, the network, computer applications, and phone systems are Agency property, and their purpose is to facilitate Agency business. The Agency's computer system may not be used for personal use or entertainment. These systems should be used for agency business only. Employees/clients are expected to operate these systems correctly. The Agency does not allow uploading and downloading information on the network without prior clearance from the Information Technology Department to insure proper compatibility, licensing, bandwidth capabilities and to prevent virus infiltration. If assistance is needed, seek help from the Information Technology Department (e-mail, computer or telephone).

Employees/clients are prohibited from unauthorized copying of software.

Employees/clients should exercise care in sending any electronic communications to ensure they do not improperly reveal confidential, proprietary, sensitive, and/or trade secret, Agency owned material or information, or client information. All communications using the Agency's computers and communications systems must be respectful and professional.

vii. Confidentiality

1. Agency staff/clients are here to serve the welfare and best interests of our customers, clients, their fellow employees, the Agency, and the community. To ensure this, staff/clients must at all times consider customer/client and agency information as confidential. Customer/client information will only be released upon written authorization by the customer/client, in response to a lawful court order, and/or according to Agency privacy policies. The Agency group adheres to all applicable federal and state patient confidentiality guidelines. No information identifying a customer receiving services may be disclosed without prior written informed consent of the customer.
2. Any information which may be overheard concerning customers, clients, staff, and others while performing work duties at the Agency is to be considered completely confidential.
3. Violation of this policy may result in discipline, up to and including suspension or termination.

III. CODES OF ETHICAL CONDUCT

These Codes of Ethical Conduct represents the policy of ACHIEVE Human Services, Inc. and are designed to express a shared vision of our beliefs, culture, and values. This shared vision is intended to guide the conduct of the Agency's employees and representatives. In addition, it provides the framework for fostering an environment that promotes ethical conduct in carrying out the business of the Agency. This shared vision looks inward to the staff and board members of the Agency and outward to our clients and other customers. The presence of a code of ethics sends a strong signal to our staff and board members that certain standards must be met in conducting the Agency's day-to-day operations. It also is intended to foster a strong sense of confidence among persons receiving services and their

families as well as other people outside our Agency whose business brings them in contact with ACHIEVE Human Services, Inc. ACHIEVE Human Services, Inc. builds ethical values into its decision-making systems and in so doing takes effective action

in the establishment of a basic moral reference point. Creating a workplace culture in which every employee believes in the Agency's values is critical to the ultimate success of ACHIEVE Human Services, Inc.

Ethical conduct should be in evidence throughout the activities of all personnel of the Agency and should be seen in their communications with the persons receiving services, families, referring agencies, and the community at large. The Agency's marketing approach, how the Agency involves the persons receiving services and their families in the service provision process and the outcomes of those services, and the Agency's communications with referral sources should demonstrate ongoing ethical conduct. To ensure consistent ethical conduct, the Agency has established codes of ethical conduct in the following areas:

- Principles of conduct relating to staff members and their professional conduct/responsibilities and the manner in which they deliver services.
 - Principles of conduct relating to members of the Board of Directors.
 - Principles of conduct relating to Human Resource practices/activities.
 - Principles of conduct relating to Business, Financial, and Marketing practices/activities.
- A. *Mission Statement:* Empower the individuals that we serve to live their lives to their greatest potential.
- B. *Vision Statement:* We lead in the development and delivery of innovative programs designed to strengthen individuals and build stronger communities.
- C. *Principles:* ACHIEVE Human Services' organizational philosophy is predicated on the belief that every individual receiving services has the right to work toward achieving the same quality of life as do other and that all people need to lead lives of self-fulfillment and meaning. Achieving quality of life entails exposure to opportunities, freedom choice, participation in community life, and self-directedness. ACHIEVE Human Services, Inc. further believes that five (5) concepts must be our organizational guideposts to ensure that all which we do maximizes the potential of each person receiving services to attain this quality of life. Those five (5) concepts are: normalization, empowerment, integration, inclusion, and autonomy.

D. *Core Values:* The core values that serve as the roots for ACHIEVE Human Services' Codes of Ethical Conduct are as follows:

1. Integrity
2. Accountability
3. Fiscal Responsibility
4. Quality Service, Products, and Delivery
5. Community Integration
6. Positive Outcomes for Persons Served

E. *Principles of Conduct for Staff Members:* The following principles are designed to guide staff members in their professional conduct/responsibilities and in their treatment of/delivery of services to consumers, members of the community, and other stakeholders.

- To recognize the worth, dignity, and rights of all people associated with the Agency.
- To do their best to see that the Agency meets the needs of the persons receiving services.
- To contribute to the development of program options that preserves the dignity of persons receiving services and their families.
- To recognize that all services must be client-driven.
- To provide positive programming in the least restrictive/most integrated setting(s) of the individual's choice.
- To promote the growth and independence of persons with disabilities.
- To be committed to the provision of quality services for persons with disabilities.
- To help individuals in recognizing and maximizing their strengths.
- To recognize that the progress of individuals is what makes the Agency successful in the promotion and implementation of its programs and services.
- To encourage self-advocacy and the dignity of risk.

- To maintain an on-going awareness of the evolving needs of persons receiving services and advocate for services that meet those needs.
- To not discriminate against or refuse services to anyone on the basis of age, race, creed, color, disability, marital status, sex, national origin, or ancestry or any other prohibited statute.
- To adhere to Agency policies and procedures.
- To not use their professional relationship with the Agency in a manner that may be perceived as a conflict of interest.
- To support a work atmosphere that is open and non-secretive while being mindful of the need for confidentiality.
- To respect the privacy of all persons receiving services and maintain confidentiality of records.
- To create and maintain a climate of loyalty, trust, and mutual respect.
- To respect the rights and views of co-workers and treat them with fairness, courtesy, and good faith.
- To promote the on-going development of the Agency by offering positive ideas and alternatives.
- To support management decisions.
- To be loyal to the Agency and to refrain from engaging in activities/behaviors that might bring discredit to the Agency.
- To uphold all applicable laws and regulations, going beyond the letter of the law to protect and/or enhance the Agency's ability to meet its mission.
- To be a responsible steward of the Agency's resources.
- To strive for personal and professional growth to improve effectiveness.
- To carefully consider the public perception of personal and professional actions and the effect actions could have on the Agency's reputation in the community and elsewhere.

F *Principles of Conduct for the Board of Directors:* The following principles are designed to guide members of the Board of Directors in their professional

conduct/responsibilities and in their treatment of/delivery of services to clients, members of the community, and other stakeholders.

- To uphold the duties of their office and to support and promote the mission, vision, values, and codes of ethical conduct of the Agency.
- To see that ACHIEVE Human Services, Inc. is operated in a manner that upholds the Agency's integrity, adheres to its bylaws, and merits the trust and support of the public.
- To support programs and services that help people with disabilities to achieve independence and self-sufficiency.
- To promote services that embodies rehabilitation options in community settings.
- To help to improve the quality and cost efficiency of serviced provided by the Agency.
- To advocate in the development and promotion of public policy that addresses the needs and concerns of people with disabilities.
- To participate in decisions affecting the governance and policy setting functions of the Board of Directors.
- To oversee a complete and accurate accounting of all funds received and dispersed, and to ensure the completion of a certified audit conducted by an outside firm.
- To be actively involved to ensure effective organizational planning.
- To oversee the development and implementation of all policies affecting the Agency.
- To support the President/CEO in his or her day-to-day activities and to annually evaluate his or her level of performance annually.
- To assist in the identification of appropriate resources and the management of such resources in an effective and efficient manner.
- To assist in the establishment and monitoring of all organizational programs and services.

- To promote the public image of the Agency.
- To uphold all actions and resolutions adopted by the Board of Directors.
- To recognize the worth, dignity, and rights of persons receiving services and of the Agency.
- To encourage self-advocacy and the dignity of risk.
- To value and promote effective management and public accountability.
- To not engage in nor condone any form of harassment or discrimination.
- To respect the rights and views of their colleagues and to treat them with fairness, courtesy, and good faith.
- To be a responsible steward of the Agency's resources.
- To carefully consider the public perception of personal and professional actions and the effects actions could have, positively or negatively, on the Agency's reputation in the community and elsewhere.
- To refrain from unwarranted intrusion into the responsibilities of the Agency's operational management.
- To strive for personal and professional growth to improve effectiveness as a Board member.

G. *Principles of Conduct Relating to Business, Financial, and Marketing*

Practices/Activities: The following principles are designed to guide staff members who engage in business, financial, and marketing practices/activities in their professional conduct and their treatment of persons served, members of the community, and other stakeholders.

- To assist the Agency in complying with all Department of Labor and/or Internal Revenue Service Laws.
- To represent the Agency's programmatic and business practices accurately and fairly to the public at large.
- Marketing and business activities are a part of the Agency's accountability to the public.
- Marketing and business activities will never knowingly mislead or misinform the public or misrepresent the Agency.

- Marketing and business activities will uphold the integrity of the Agency so as to merit the continued support and trust of the public.
- To ensure that all quotes for subcontract work or services incorporate all direct costs, indirect costs, and consideration of prevailing fair market prices.
- As appropriate, to participate in promoting the services of the Agency and educating the general public (including families, employers, and civic leaders) about Agency services and programs.
- Marketing and business activities/efforts shall always respect the dignity of privacy rights of persons receiving services.
- Community members must always be treated with respect and dignity.
- Requests for information from community members are responded to in a timely manner.
- Concerns or complaints from the community are addressed.
- Input is solicited from the community and is considered in a respectful manner.
- As guided by job responsibility, to ensure that financial records are maintained in accordance with generally accepted accounting principles.
- All financial practices of the Agency shall be handled in accordance with all applicable federal, state, and local laws.
- All financial matters that fall within the purview of the Agency's management policies shall comply with those policies.
- All financial matters covered by the Agency's bylaws shall be handled in accordance with those bylaws.

H. *Principles of Conduct Relating to Human Resource Practices/Activities:* Specific policies addressing standards of conduct and personnel policies are outlined within the Agency's Human Resources Policies and Procedures Manual. Employees specifically involved in human resource management practices/activities must adhere to the following core principles:

- To be responsible for adding value to and contributing to the ethical success of the Agency. (**Professional Responsibility**)
- To strive to meet the highest standards of competence and commit to strengthen personal competencies on a continuous basis. (**Professional Development**)
- To exhibit leadership as a role model for maintaining the highest standards of ethical conduct. (**Ethical Leadership**)
- To be ethically responsible for promoting and fostering fairness and justice for all employees within the Agency. (**Fairness and Justice**)
- To maintain a high level of trust with stakeholders. To protect the interests of stakeholders, as well as our professional integrity. To not engage in activities that creates actual, apparent, or potential conflicts of interest. (**Conflicts of Interest**)
- To consider and protect the rights of individuals, especially in the acquisition and dissemination of information while ensuring truthful communications and facilitating informed decision-making. (**Use of Information**)

I. *Procedures for Addressing Allegations of Violations of the Codes of Ethical Conduct - Staff Member.*

A. Any violation of codes of ethics or codes of ethical conduct shall result in disciplinary action, up to and including suspension or termination. Everyone has the responsibility to report any known violations to the Human Resources Manager or to the President/CEO or designee.

B. The Agency shall investigate and act upon allegations of violations of ethical conduct, will address all allegations and will conduct a follow-up. An investigation of the violation will be initiated within (3) working days of the reported violation.

C. Any alleged violation of any principle of conduct in any of the Codes of Ethical Conduct will be resolved according to the following applicable policies: HR-116 – Whistleblower, HR-405-Corrective Action and HR-418-Employee Complaint Resolution and Open Door Policy.

- J. *Procedures for Addressing Allegations of Violations of the Code of Ethical Conduct - Board Member.* Any alleged violation of any principle of conduct in any of the Codes of Ethical Conduct will be resolved according the Agency bylaws.
- K. *Policies to Educate Staff Members, Board Members, and Other Stakeholders on Codes of Ethical Conduct.* For staff members, the codes of ethical conduct are reviewed with them at new staff orientation. Thereafter, Codes of Ethical Conduct are reviewed with staff members on an annual basis. Board members are provided with the codes of ethical conduct at Board member orientation. The standards of conduct that specifically related to them are reviewed at that time. Persons receiving services and their families, and referring Agency counselors are informed of the Agency's codes of ethical conduct at orientation and through the Agency's website.

Date Last Revised: 11/10, 04/11, 12/11, 12/11, 12/12


APPROVED BY:

 12/18/12

Randall Chapman, Board of Directors Chair Date

 12/18/2012

Carol A. Carr, President/CEO Date

 12-18-12

Anna Hemmer, Human Resources Manager Date

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 2017 Project Application will be imported into the FY 2018 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 2018 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: 09/03/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0011

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: Arizona Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6004791

| | | | | |
|--|--------------------------------|-----------|---------------|------|
| | c. Organizational DUNS: | 086704488 | PLUS 4 | 2818 |
|--|--------------------------------|-----------|---------------|------|

d. Address

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name: Special Needs Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Ditmore

Suffix:

Title: Director

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1007

Applicant: Arizona Department of Housing

86-6004791

Project: Mohave County Permanent Housing (Bridging Northern Arizona)

160391

Extension:

Fax Number: (602) 771-1002

Email: carol.ditmore@azhousing.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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Mohave County Permanent Housing (Bridging Northern Arizona)

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
(for multiple selections hold CTRL key)

b. Project: AZ-004, AZ-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2019

b. End Date: 04/30/2020

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: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Arizona Department of Housing

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1085

Extension:

Email: Karia.Basta@azhousing.gov

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85007

2. Employer ID Number (EIN): 86-6004791

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$195,565.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Mohave County Permanent Housing (Bridging Northern Arizona) 1110 West Washington Suite 280 Phoenix Arizona

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a | Social Security No. | Type of | Financial Interest | Financial Interest |
|---|---------------------|---------|--------------------|--------------------|
| Renewal Project Application FY2018 | | Page 10 | | 09/03/2018 |

| reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation | in Project/Activity (\$) | in Project/Activity (%) |
|---|--------------------|---------------|-----------------------------|----------------------------|
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 08/06/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Department of Housing

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; | |

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

X

accurate. ☐

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

Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Arizona Department of Housing

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 09/03/2018

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Arizona Department of Housing

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

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 Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 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) 2019, as confirmed on the FY 2018 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 2018 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: \$184,886

| Organization | Type | Type | Sub-Award Amount |
|--|------------------------------------|------------------------------------|------------------|
| Mohave County Community Services Dept | B. County Government | B. County Government | \$101,760 |
| Old Concho Community Assistance Center | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$83,126 |

2A. Project Subrecipients Detail

a. Organization Name: Mohave County Community Services Dept

b. Organization Type: B. County Government

c. Employer or Tax Identification Number: 86-6000539

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 046491580 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 700 W. Beale St.

Street 2:

City: Kingman

State: Arizona

Zip Code: 86401

f. Congressional District(s): AZ-004, AZ-001
(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: \$101,760

j. Contact Person

Prefix: Ms.

First Name: Terry

Middle Name:

Last Name: Baughn

Suffix:

Title: Rental Assistance Program Supervisor

E-mail Address: Terry.Baughn@mohavecounty.us

Confirm E-mail Address: Terry.Baughn@mohavecounty.us

Phone Number: 928-753-0723

Extension:

Fax Number: 928-753-0776

2A. Project Subrecipients Detail

a. Organization Name: Old Concho Community Assistance Center

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

c. Employer or Tax Identification Number: 86-0907044

| | | | | |
|--|----------------------------------|-----------|---------------|--|
| | * d. Organizational DUNS: | 020839507 | PLUS 4 | |
|--|----------------------------------|-----------|---------------|--|

e. Physical Address

Street 1: 35432 Highway 180A

Street 2:

City: Concho

State: Arizona

Zip Code: 85924

f. Congressional District(s): AZ-001
(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? No

i. Expected Sub-Award Amount: \$83,126

j. Contact Person

Prefix: Ms.

First Name: Cinthia

Middle Name:

Last Name: Furrh

Suffix:

Title: Executive Director

E-mail Address: cindyfurrh@frontiernet.net

Confirm E-mail Address: cindyfurrh@frontiernet.net

Phone Number: 928-337-5047

Extension:

Fax Number: 928-337-2376

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:** AZ0011

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

2a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

2b. CoC Collaborative Applicant Name: Arizona Department of Housing

3. Project Name: Mohave County Permanent Housing (Bridging
Northern Arizona)

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. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

This project serves 3 of 5 northern Arizona counties thru two sub-grantees. Bridging Northern Arizona project provides PSH units for chronically homeless and disabled individuals and families. Twelve units are administered by Mohave County Community Services Dept.(MCCSD) in Mohave County. The program serves individuals with disabilities including serious mental illness, physical disabilities, substance abuse and includes veterans and clients with domestic abuse history. MCCSD operates Mohave County Housing Authority administering the Section 8 Housing Choice Voucher program and provides housing related case management services, unit inspections and rental assistance. MCCSD receives referrals from program partners who provide case management and supportive services. Program partners include Mohave Mental Health Inc. (MMH), Southwest Behavioral Health (SWBH), North Country Health Care, Kingman Aid to Abused People (KAAP), Interagency of Lake Havasu, Westcare of AZ, Cornerstone Mission. KAAP, Interagency, & MCCSD also provide skills assessment, job readiness training, on the job training and educational support for eligible clients through its Workforce Development Division's WIA program.

Bridging Northern Arizona in the northeastern part of the state, overseen by Old Concho Community Assistance(OCCAC) serves the rural communities of Eager, Springerville, Pinetop, Show Low, & Winslow in both Apache & Navajo Counties. This permanent supportive housing program serves those with a diagnosis of SMI & are also chronically homeless. Participants are referred by local community service agencies including the regional mental health providers of which there are two. Referrals come through the 211 line & agencies can fax, phone or email as well. OCCAC provides living skills, safety checks, furniture, household goods, food, & clothing. Monthly case management meetings are held with the local mental health providers to assess the needs & progress of the participants. OCCAC makes referrals & provide documentation to other service providers as needed to assure the participant is obtaining all the tools & services needed to maintain a stable living situation & improve their economic stability. The housing case manager meets with the participant in the tenant's home monthly, with weekly phone contact & home safety checks. Housing Case Managers are available by phone for any emergency.

The VI SPDAT is used as coordinated assessment tool to determine priority for assistance for CoC programs. All homeless referrals for housing assistance from the CoC will have a VI SPDAT done.

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

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

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

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

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

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.

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

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: 24

Total Beds: 30

Total Dedicated CH Beds: 30

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 12 | 18 |
| Scattered-site apartments (...) | --- | 12 | 12 |

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: 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: 700 W. Beale St.

Street 2:

City: Kingman

State: Arizona

ZIP Code: 86401

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

049015 Mohave County

4B. Housing Type and Location Detail

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

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

a. Units: 12

b. Beds: 12

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 12

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: 35432 Highway 180A

Street 2:

City: Concho

State: Arizona

ZIP Code: 85924

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

049001 Apache County, 049017 Navajo 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.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households | | 31 | | 31 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 0 | 31 | | 31 |
| Adults ages 18-24 | 0 | 0 | | 0 |
| Accompanied Children under age 18 | 0 | | 0 | 0 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 0 | 31 | 0 | 31 |

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

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | | | | | | | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|--------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | 28 | | 0 | 8 | 0 | 31 | 5 | 1 | 2 | 0 |
| Adults ages 18-24 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 28 | 0 | 0 | 8 | 0 | 31 | 5 | 1 | 2 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-------------------------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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.

| | |
|------|---|
| 70% | Directly from the street or other locations not meant for human habitation. |
| 30% | Directly from emergency shelters. |
| | Directly from safe havens. |
| 0% | Persons fleeing domestic violence. |
| 100% | Total of above percentages |

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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

4. Renewal Grant Term: 1 Year

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

| | |
|---------------------|-------------------------------------|
| Leased Units | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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.

| Total Annual Assistance Requested: | | | \$83,126 |
|------------------------------------|-----------------------|-------------------------------|------------------------|
| Grant Term: | | | 1 Year |
| Total Request for Grant Term: | | | \$83,126 |
| Total Units: | | | 10 |
| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
| AZ - Apache Count... | 2 | \$24,278 | \$24,278 |
| AZ - Navajo Count... | 8 | \$58,848 | \$58,848 |

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: AZ - Apache County, AZ (0400199999)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|---|------------------------|---------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 2 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 2 | \$24,278 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$24,278 |

Click the 'Save' button to automatically calculate totals.

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: AZ - Navajo County, AZ (0401799999)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|--|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 8 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 8 | \$58,848 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$58,848 |

Click the 'Save' button to automatically calculate totals.

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.

| Total Request for Grant Term: | | \$101,760 | |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | 13 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | AZ - Lake Havasu City-Kingman, AZ MSA... | 13 | \$101,760 |

Rental Assistance Budget Detail

Type of Rental Assistance: TRA


Metropolitan or non-metropolitan fair market rent area: AZ - Lake Havasu City-Kingman, AZ MSA (0401599999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | HUD Paid Rent (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|------------------------|---|----------------------|---------------------------|---|-----------|---|---------------------------|
| SRO | | x | \$397 | \$397 | x | | = | \$0 |
| 0 Bedroom | 2 | x | \$529 | \$529 | x | | = | \$12,696 |
| 1 Bedroom | 6 | x | \$602 | \$602 | x | | = | \$43,344 |
| 2 Bedrooms | 5 | x | \$762 | \$762 | x | | = | \$45,720 |
| 3 Bedrooms | | x | \$1,092 | \$1,092 | x | | = | \$0 |
| 4 Bedrooms | | x | \$1,178 | \$1,178 | x | | = | \$0 |
| 5 Bedrooms | | x | \$1,355 | \$1,355 | x | | = | \$0 |
| 6 Bedrooms | | x | \$1,531 | \$1,531 | x | | = | \$0 |
| 7 Bedrooms | | x | \$1,708 | \$1,708 | x | | = | \$0 |
| 8 Bedrooms | | x | \$1,885 | \$1,885 | x | | = | \$0 |
| 9 Bedrooms | | x | \$2,062 | \$2,062 | x | | = | \$0 |
| Total Units and Annual Assistance Requested | 13 | | | | | | | \$101,760 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$101,760 |

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: | \$12,794 |
| Total Value of In-Kind Commitments: | \$15,316 |
| Total Value of All Commitments: | \$28,110 |

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.

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|---------|------------|----------------------|--------------------|----------------------|
| Yes | Cash | Government | Arizona Departmen... | 08/15/2018 | \$12,794 |
| Yes | In-Kind | Government | Mohave County Com... | 08/15/2018 | \$15,316 |

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: Arizona Department of Housing
(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: \$12,794

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: Mohave County Community Services Department
(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: \$15,316
- Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 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.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$83,126 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$101,760 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$184,886 |
| 7. Admin (Up to 10%) | \$10,679 |
| 8. Total Assistance plus Admin Requested | \$195,565 |
| 9. Cash Match | \$12,794 |
| 10. In-Kind Match | \$15,316 |
| 11. Total Match | \$28,110 |
| 12. Total Budget | \$223,675 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | OCCAC 501c3 | 11/01/2015 |
| 2) Other Attachmenbt | No | Code of Conduct | 09/17/2017 |
| 3) Other Attachment | No | Survey on Ensurin... | 08/06/2018 |

Attachment Details

Document Description: OCCAC 501c3

Attachment Details

Document Description: Code of Conduct

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

7A. In-Kind Match MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

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 Karia Basta

Date: 09/03/2018

Title: Special Needs Administrator

Applicant Organization: Arizona Department of Housing

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

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 | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| 5C. Outreach | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6B. Leased Units | <input checked="" type="checkbox"/> |

| | |
|--|--|
| 6C. Rental Assistance | <input checked="checked" type="checkbox"/> |
| 6D. Match | <input checked="checked" type="checkbox"/> |
| 6E. Summary Budget | <input checked="checked" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="checked" type="checkbox"/> |
| 7A. In-Kind Match MOU Attachment | <input type="checkbox"/> |
| 7B. Certification | <input checked="checked" type="checkbox"/> |

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):

Updated budget information, updated project description, updated EEO survey.

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

| Page | | Last Updated |
|------------------------------------|---------|--------------|
| 1A. SF-424 Application Type | | 08/06/2018 |
| Renewal Project Application FY2018 | Page 55 | 09/03/2018 |

| | |
|---|-------------------|
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/06/2018 |
| 1E. SF-424 Compliance | 08/06/2018 |
| 1F. SF-424 Declaration | 08/06/2018 |
| 1G. HUD-2880 | 08/06/2018 |
| 1H. HUD-50070 | 08/06/2018 |
| 1I. Cert. Lobbying | 08/06/2018 |
| 1J. SF-LLL | 08/06/2018 |
| Recipient Performance | 08/06/2018 |
| Renewal Grant Consolidation | 08/06/2018 |
| 2A. Subrecipients | 08/06/2018 |
| 3A. Project Detail | 08/06/2018 |
| 3B. Description | 08/06/2018 |
| 3C. Dedicated Plus | 08/06/2018 |
| 4A. Services | 08/06/2018 |
| 4B. Housing Type | 08/06/2018 |
| 5A. Households | 08/06/2018 |
| 5B. Subpopulations | No Input Required |
| 5C. Outreach | 08/06/2018 |
| 6A. Funding Request | 08/06/2018 |
| 6B. Leased Units | 08/06/2018 |
| 6C. Rental Assistance | 08/06/2018 |
| 6D. Match | 08/12/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/06/2018 |
| 7A. In-Kind Match MOU Attachment | No Input Required |
| 7B. Certification | 08/12/2018 |
| Submission Without Changes | 08/06/2018 |



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248358237
Aug. 03, 2012 LTR 4168C E0
86-0907044 000000 00

00019736

BODC: TE

OLD CONCHO COMMUNITY ASSISTANCE
CENTER

OCCAC

PO BOX 50

CONCHO AZ 85924-0050



035013

Employer Identification Number: 86-0907044
Person to Contact: Mr. Kammerer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 25, 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 March 1999.

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.

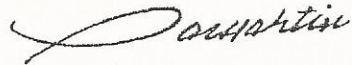
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third 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.

0248358237
Aug. 03, 2012 LTR 4168C E0
86-0907044 000000 00
00019737

OLD CONCHO COMMUNITY ASSISTANCE
CENTER
OCCAC
PO BOX 50
CONCHO AZ 85924-0050

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

Sincerely yours,



S. A. Martin, Operations Manager
Accounts Management Operations

Internal Revenue Service

Date: June 29, 2007

OLD CONCHO COMMUNITY ASSISTANCE
CENTER
OCCAC
PO BOX 50
CONCHO AZ 85924-0050

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Kathy Masters ID# 17-57024
Customer Service Representative

Toll Free Telephone Number:

877-829-5500

Federal Identification Number:

86-0907044

Dear Sir or Madam:

This is in response to your request of June 28, 2007, regarding your organization's tax-exempt status.

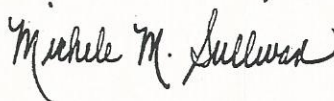
In March 1999 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,



Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations 1

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 24 1999**

OLD CONCHO COMMUNITY ASSISTANCE
CENTER
PO BOX 50
CONCHO, AZ 85924-0050

Employer Identification Number:
86-0907044
DLN:
17053363009018
Contact Person:
JEANNIE BARBA ID# 95303
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Foundation Status Classification:
509(a)(1)
Advance Ruling Period Begins:
June 9, 1998
Advance Ruling Period Ends:
June 30, 2002
Addendum Applies:
No

Dear Applicant:

Based on information you 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(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

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 expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

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

Within 90 days after the end of your advance ruling period, you must send us the 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, we will classify you 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, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (DO/CG)

OLD CONCHO COMMUNITY ASSISTANCE

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a 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 we 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 he or she acquired such knowledge.

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

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts 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 private foundation excise taxes under Chapter 42 of the Internal Revenue 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 Internal Revenue 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.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

Contributions to you are deductible by donors beginning June 9, 1998.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return. Because you will be treated as a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period.

Letter 1345 (DO/CG)

OLD CONCHO COMMUNITY ASSISTANCE

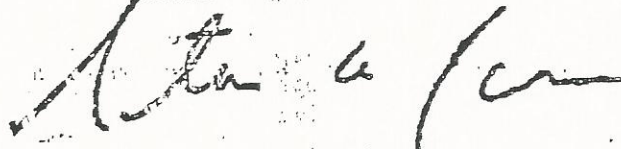
tion, and relationship (if any, to members, officers, trustees or donors of funds to you, so that you can substantiate upon request by the Internal Revenue Service any and all distributions you made to individuals. (Revenue Ruling 56-304, C.B. 1956-2, page 205.)

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

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

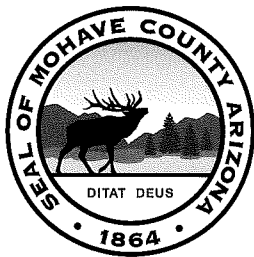
If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director

Enclosure(s):
Form 872-C



MOHAVE COUNTY COMMUNITY SERVICES DEPARTMENT

700 West Beale Street
PO Box 7000
Kingman, AZ 86402-7000
(928) 753-0723
(928) 753-0776 FAX
Arizona Relay 711 TDD

2601 Highway 95
Bullhead City, AZ 86442
(928) 758-0702
(928) 758-0737 FAX
Arizona Relay 711 TDD

2001 College Drive, Suite 94
Lake Havasu City, AZ 86403
(928) 453-0710
(928) 453-0728 FAX
Arizona Relay 711 TDD

To: Candee Stanton
C/O Arizona Department of Housing

From: Terry Baughn, Rental Assistance Program Supervisor

Date: August 21, 2017

RE: Code of Conduct

Attached is a copy from the Mohave County Housing Authority Administrative Plan that provides the Code of Ethics, Employee Conduct, Prohibited Conduct, Discipline Process, and No Fault Separation process that is part of the Mohave County Personnel Policies and Procedures Merit System, approved April 4, 2016, as well as the Conflict of Interest Policy for Housing Assistance Programs, which was approved by the Mohave County Board of Supervisors.

If you have any questions, please contact me at Terry.Baughn@mohavecounty.us or (928) 753-0723, Ext. 4395.

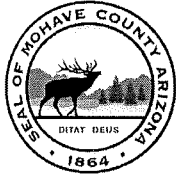
Chapter 17

CONDUCTING BUSINESS IN ACCORDANCE WITH ETHICAL VALUES

The Section 8 Administrative Plan incorporates the following Mohave County Policies and Procedures:

- Mohave County Personnel Policies and Procedures Merit System Section D-Code of Ethics, 4.5, Employee Conduct and 4.51, Prohibited Conduct.
- Mohave County Personnel Policies and Procedures Merit System 4.6, Discipline Process, Section 4.61, Pre-Disciplinary Meeting, Section 4.62, Types of Discipline, and 4.7, No Fault Separation.
- Mohave County Housing Authority's (MCHA)/Mohave County Community Services Department (MCCSD) Conflict of Interest Policy. This policy includes the conflict of interest requirements of the HCV program cited in 24 CFR 982.161 and the prohibition of the acceptance of gifts or gratuities. The policy incorporates Mohave County Personnel Policies and Procedures Merit System Section D-Code of Ethics, 4.5, Employee Conduct, 4.51, Prohibited Conduct and the Arizona Revised Statutes (A.R.S. §38-503)

Employees of MCHA are employees of Mohave County and are subject to the above Mohave County Personnel Policies Merit System and the Conflict of Interest Policy. Violation of the MCHA's/MCCD Conflict of Interest and or Mohave County Personnel Policies and Procedures Merit System shall result in disciplinary action up to and including termination of employment.



MOHAVE COUNTY PERSONNEL POLICIES AND PROCEDURES

Merit System

Approved April 4, 2016

The Department Head is encouraged to consult with the Human Resources Director with any questions regarding the interpretation of these Personnel Policies and Procedures. The Department Head is encouraged to also enlist the assistance of the Risk Director, County Attorney's Office - Civil Division, or Office of Management and Budget, when necessary, to provide advice, guidance and direction.

The Department Head shall propose to the County Administrator modifications resulting from errors in applying these Policies, omissions, or other exceptions to these Policies should they be required to correct a specific issue or exception not adequately addressed herein.

THE RESPONSIBILITIES OF THE DIVISION MANAGERS

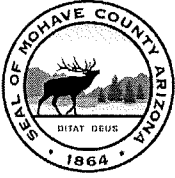
Division Managers and those employees acting in a supervisory capacity shall fully inform their Department Head of any personnel issue, action or activity under the authority of the Department Head to ensure compliance with these Personnel Policies and Procedures.

INTRODUCTION SECTION C – LOYALTY OATH

All employees shall read and sign a loyalty oath as required by A.R.S. §38-231.

INTRODUCTION SECTION D – CODE OF ETHICS

- A. Employees are to maintain high standards of honesty, integrity and impartiality for the proper and efficient conduct of County business. All persons applying for or holding any position shall be required to meet the following general qualifications: integrity, honesty, respect for co-workers and the public, confidentiality, courtesy, cooperation, willingness and ability to assume and fulfill the responsibilities for employment compatible with the work assignment.
- B. Official positions shall not be used for personal gain. Public influence and confidential information shall not be used for personal advantage. All items produced or created by employees during working hours shall become the sole property of Mohave County.
- C. Employees shall avoid situations that create an appearance of impropriety or conflict of interest or that would tend to undermine the public trust. Employees who are involved in such circumstances shall immediately report the circumstances to their Department Head to determine (1) if an actual conflict exists that exceeds the definition of "remote interest" as stated in A.R.S. §38-502, and/or (2) whether corrective action(s) is needed to remedy the situation.
- D. Employees shall not accept or solicit, directly or indirectly, anything of economic value, such as a gift, gratuity, favor, entertainment or loan that is, or may appear to be, designed to influence official conduct in any manner.



MOHAVE COUNTY PERSONNEL POLICIES AND PROCEDURES

Merit System

Approved April 4, 2016

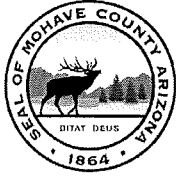
4.5 EMPLOYEE CONDUCT

The continued employment of any individual by Mohave County depends upon acceptable conduct and satisfactory work performance. The disciplinary process provides employees and their supervisors with an opportunity to discuss specific problems, to determine when and how these problems can be corrected and set objectives to correct problems.

4.51 Prohibited Conduct

A. The following list includes examples of actions that constitute prohibited employee conduct and are grounds for disciplinary action up to and including dismissal from employment. This list is illustrative only and is not intended to be all inclusive.

1. Violation of safety rules, regulations, policies and procedures.
2. Conviction of a felony or engaging in any activity that violates state and/or federal criminal statutes.
3. Threatening, intimidating or coercing a co-worker or members of the public.
4. Using foul or abusive language towards a co-worker, supervisor, or the public.
5. Intentionally causing physical harm and/or assaulting a co-worker or member of the public.
6. Willfully defacing, or destruction of, County property and/or the property of others located at any prescribed County work location.
7. Misuse, abuse, or unauthorized possession of County-owned or County based equipment or property.
8. Failing to report a work place accident or incident involving the destruction or damage of County property.
9. Performing unauthorized personal work or activities during scheduled working hours.
10. Discourteous treatment of the public.
11. Engaging in prohibited political activity.
12. Abuse of leave, excessive absenteeism or habitual tardiness.
13. Neglect of duty or failure to take reasonably required action.

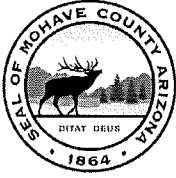


MOHAVE COUNTY PERSONNEL POLICIES AND PROCEDURES

Merit System

Approved April 4, 2016

14. Refusal or failure to answer questions completely and honestly during an administrative investigation.
15. Knowingly or recklessly making a false accusation against any person.
16. Violating the County confidentiality policy.
17. Unauthorized actions in County and public meetings, violation of the Loyalty Oath or misrepresenting the County's position.
18. Malicious gossip or false accusations which tend to disrupt friendly relations between the County and the public, or between employees which may hinder or harm County operations.
19. Inciting co-workers or members of the public with intent to impair legitimate and legal County operations.
20. Sleeping while on duty.
21. Substance abuse, use of illegal drugs, prescription drugs, or alcohol in violation of the Drug Free Workplace and Substance Abuse Prevention policy.
22. Any activity involving moral turpitude that adversely reflects on the County or affects the employee's suitability for continued employment.
23. Insubordination, willful disobedience, or violating an official regulation or order.
24. Loss of required qualifications, license, or certification, or other situations that cause the employee to no longer be able to perform the essential functions of their position with or without a reasonable accommodation. (Note: employees falling under this guideline may be subject to a no-fault separation rather than "dismissal"; in the instance of classified employees no-fault separation would be without right of appeal.)
25. Fraud, theft, misuse or mishandling of County funds.
26. Falsification or unauthorized alteration of records, time sheets or any other information required by the County.
27. Seeking to obtain financial, sexual or political benefit from another employee by wrongful use of position, force or fear.



MOHAVE COUNTY PERSONNEL POLICIES AND PROCEDURES

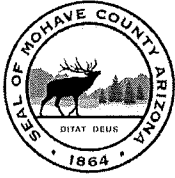
Merit System

Approved April 4, 2016

28. Abuse of position or official authority when interacting with employees or members of the public.
29. Employee job performance does not meet expectations; incompetence.
30. Any prohibited harassment or discrimination as provided by these Policies, local, state, or federal law.
31. Workplace bullying and harassment.
32. Absence from work without approved leave.
33. Working unauthorized overtime hours.
34. Violation of the Technology Use Policy.
35. Providing false or misleading information in any document, report, or statement related to their employment with the County.
36. Engaging in conduct, either during or outside of regular work hours, that causes discredit to the County.
37. Any other illegal or improper conduct undermining the proper and efficient operation of County functions.
38. Providing false or misleading information to the Board of Supervisors.

4.52 Fraternization Policy

- A. It is against County policy for individuals who have an economic, social, or family relationship to work in positions where one employee supervises the other employee. If a relationship comes into existence, an attempt shall be made to transfer employees to comparable, but separate, positions to avoid any appearance of favoritism, preferential treatment, or conflict of interest. If a transfer is not possible, the employees may be requested to decide among themselves which individual is to resign. If employees are not able to make a decision about who is to resign, the Department Head or County Administrator may take appropriate action, which may include requiring both employees to resign.
- B. Requirement to Report: Mohave County recognizes that close personal, romantic and intimate relationships between a supervisor and subordinate employee may develop. Therefore the following reporting requirements shall be followed:



MOHAVE COUNTY PERSONNEL POLICIES AND PROCEDURES

Merit System

Approved April 4, 2016

4.6 DISCIPLINE PROCESS

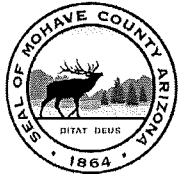
The continued employment of any individual with Mohave County depends upon acceptable conduct and satisfactory work performance. Failure to comply with the policy provisions contained in this Manual constitutes sufficient grounds for disciplinary action up to and including dismissal of employment.

4.61 Pre-Disciplinary Meetings

- A. Prior to any disciplinary action consisting of suspension without pay or reduced pay, demotion or dismissal of a classified employee, the Department Head shall hold a pre-disciplinary meeting with the employee. The purpose of the pre-disciplinary meeting is to present and discuss the charges, provide an explanation of the Department's evidence, and provide the employee an opportunity to respond to the charges.
- B. The following shall apply to this meeting.
 - 1. The employee shall be provided written notice of the disciplinary charges, the proposed action and effective date, and the date and time of the pre-disciplinary meeting. The notice shall be given at least 24 hours in advance.
 - 2. During the meeting, the Department Head or designee shall present and discuss the charges and provide an explanation of the Department's evidence.
 - 3. The employee shall be given the opportunity to respond to the disciplinary charges and to provide any additional information including testimony of witnesses that the employee believes are relevant to the charges. Any information provided by the employee shall be considered by the Department Head.
 - 4. The Department Head may prepare a written record of the employee's response.
 - 5. The employee may have a representative (not an attorney) attend the meeting as an observer. However, this person shall not be allowed to participate.
- C. Attempts shall be made to schedule the pre-disciplinary meeting at a time that is convenient for the employee. Should the employee fail to appear for the pre-disciplinary meeting, the Department Head shall proceed with the proposed disciplinary action.

4.62 Types of Discipline

The types of discipline that may be taken to correct and discipline employees are listed below; however, the list is not intended to limit the range of possible disciplinary actions or to create a



MOHAVE COUNTY PERSONNEL POLICIES AND PROCEDURES

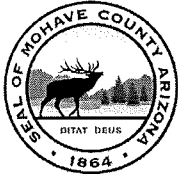
Merit System

Approved April 4, 2016

progressive discipline policy. The seriousness of the offense may warrant imposing a more serious form of discipline, even dismissal, prior to utilizing lesser forms of discipline.

Before taking disciplinary action involving a suspension without pay, involuntary demotion, or dismissal, the Department Head shall review and discuss the circumstances with the Human Resources Director, to the extent possible. If there is a situation where action is taken prior to review by the Human Resources Director, it shall be brought to the attention of the Human Resources Director as soon as possible but in no event more than one (1) business day.

- A. Coaching/Counseling Notice (Written or Verbal).
 - 1. To improve performance.
 - 2. To build documentation in the event a more serious action needs to be taken.
 - 3. Contents should include dates and times, place, specific details, expectations of the employee, employee's comments, and signatures.
- B. Verbal Reprimand: Prior to imposing a written reprimand for a minor offense, the Department Head may choose to provide a verbal reprimand in order to discuss the offense and the corrective action required by the employee. A verbal reprimand is the lowest level of discipline provided by these Policies.
 - 1. The Department Head shall document the verbal reprimand in memo form and provide a copy to the employee. The verbal reprimand shall briefly describe the improper performance conduct or offense, and any corrective action required.
 - 2. The verbal reprimand shall be discussed with the employee and the employee shall be asked to sign the verbal reprimand to acknowledge receipt.
 - 3. A verbal reprimand does not require a pre-disciplinary meeting prior to imposition.
 - 4. A verbal reprimand may not be grieved or appealed; however, the employee may submit a written rebuttal to be filed in their official personnel file.
 - 5. A copy of the memo shall be forwarded to Human Resources to be placed in the employee's official personnel file
- C. Written Reprimand: For repeated violations, following a Coaching/Counseling Notice, verbal reprimand, or in instances where the misconduct warrants a more serious type of discipline, the Department Head may issue a written reprimand to the employee.

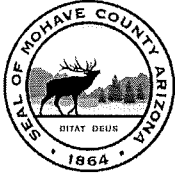


MOHAVE COUNTY PERSONNEL POLICIES AND PROCEDURES

Merit System

Approved April 4, 2016

1. The Department Head shall document the written reprimand in memo form and provide a copy to the employee. The written reprimand shall briefly describe the improper performance, conduct or offense, and any corrective action required.
 2. The written reprimand shall be discussed with the employee and the employee shall be asked to sign the written reprimand to acknowledge receipt.
 3. A copy of the memo shall be forwarded to Human Resources to be placed in the employee's official personnel file.
 4. A written reprimand does not require a pre-disciplinary meeting prior to imposition.
 5. A written reprimand may not be grieved or appealed; however, the employee may submit a written rebuttal to be filed in their official personnel file.
- D. Special Observation Period.
1. An employee may be placed on a Special Observation Period for the purpose of closely monitoring the employee's performance or conduct during a specified period of time not less than thirty (30) or more than one hundred eighty (180) calendar days. The purpose of the Special Observation Period is to officially advise the employee that the type of conduct or performance deemed unacceptable by the Department Head shall be closely monitored for a specific period of time. This need not be in conjunction with a disciplinary action.
 2. The Notice of the Special Observation Period shall be provided to the employee in writing, upon the effective date, and shall specify the conduct involved, the purpose of the observation period, expectations of the employee during and at completion of the period, and the length of the period.
 3. At the end of the Special Observation Period, the employee's supervisor shall prepare a special Performance Evaluation Report detailing the employee's success or failure in completing the Special Observation Period.
 4. Unsuccessful completion of the Special Observation Period or unacceptable performance or conduct during the special Observation Period may result in disciplinary action.
 5. The assignment of a Special Observation Period may not be grieved or appealed however, the employee may submit a written rebuttal to be filed in their official personnel file.



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- E. Suspension Without Pay: At the discretion of the Department Head, an employee may be suspended without pay at any time for disciplinary purpose.
1. Prior to imposing a suspension without pay, a written notice and pre-disciplinary meeting shall be held with the employee.
 2. Suspensions without pay shall not exceed thirty (30) calendar days.
 3. Should the discipline be imposed following the pre-disciplinary meeting, the details of the suspension shall be documented in memo form and discussed with the employee. The employee shall be asked to sign the Notice of Suspension to acknowledge receipt of the memo.
 4. The memo shall be given to the employee and a copy of the memo shall be forwarded to Human Resources to be placed in the official personnel file.
 5. An employee may appeal the suspension without pay.
- F. Involuntary Demotion: The Department head may demote an employee whose performance does not meet expectations, or for disciplinary purposes.
1. Prior to imposing an involuntary demotion, a written notice and pre-disciplinary meeting shall be held with the employee.
 2. The reasons for the involuntary demotion shall be documented in memo form and discussed with the employee. The employee shall be asked to sign the memo to acknowledge receipt.
 3. The memo shall be given to the employee and a copy of the memo shall be forwarded to Human Resources to be placed in the employee's official personnel file.
 4. An employee may appeal an involuntary demotion.
- G. Dismissal of Employment: An employee may be dismissed for cause at any time by the Department Head.
1. Prior to terminating an employee for cause, a pre-disciplinary meeting shall be held with the employee.
 2. Should the employee fail to attend the pre-disciplinary meeting (as in the case of job abandonment), the Notice of Dismissal documenting the reasons for the dismissal shall be recorded in a letter and delivered to the employee either in person or via mail to the



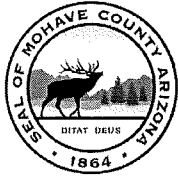
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employee's last known address and a copy shall be forwarded to Human Resources to be placed in the employee's official personnel file.

3. An employee may appeal the dismissal.
4. When an employee is dismissed from employment under the provisions of this section, they shall be paid all wages due within seven business days or at the end of the next regular pay period, whichever is earlier, pursuant to A.R.S. §23-353.



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4.7 NO FAULT SEPARATION

- A. In circumstances where an employee is no longer able to perform the essential functions of the position with or without reasonable accommodation through no fault of their own such as loss of a required certification or license in a manner that does not indicate negligence on the part of the employee, a no-fault separation may be warranted. In this instance, the employee may be released from County employment and the no fault separation shall be documented by the Department Head identifying the reason(s) for the no-fault separation.
- B. Due to ADA: When the reason for inability to perform the duties is due to an ADA qualifying medical condition, the ADA interactive process shall be thoroughly exhausted prior to conducting a no-fault separation.
- C. Procedure: Notice of the no-fault separation shall be written in letter form by the Department Head and shall be hand delivered to the employee or mailed to the employee's last known address. A copy of this letter shall be forwarded to Human Resources for placement in the official personnel file.
- D. Employees who receive a no-fault, non-disciplinary separation are not eligible to appeal this action to the Mohave County Personnel Commission.

MOHAVE COUNTY

COMMUNITY SERVICES DEPARTMENT / MOHAVE COUNTY HOUSING AUTHORITY'S

CONFLICT OF INTEREST POLICY For HOUSING ASSISTANCE PROGRAMS

Effective May 3, 2010

PURPOSE:

The Mohave County Community Services Department ("**MCCSD**")/Mohave County Housing Authority ("**MCHA**") Housing Assistance Programs Conflict of Interest Policy is to be construed in accordance with Mohave County Merit Rule 501 (A) and (B) and all applicable Arizona and Federal law. To the extent that a conflict exists between any provision contained within this policy and Federal and/or Arizona law, the prevailing and current Federal and/or Arizona law and/or regulation shall prevail and apply.

The purpose of this policy is to avoid any acts of self-dealing, the appearance of impropriety, favoritism, and preferential treatment toward immediate family members or relatives in the administering of MCCSD/MCHA's Housing Assistance Programs. The policy is an integration of the Mohave County Merit Rule 501 (A) and (B) and applicable Arizona and Federal law as related and applied to the MCCSD/MCHA Housing Assistance Programs.

To ensure that the purpose of this policy is fulfilled, all housing assistance programs shall be administered consistent with any and all applicable provisions and/or regulations found in the Guidelines Based Upon Federal Law section, Guidelines Based Upon Arizona Law section, and the Mohave County Merit Rule 501(A) and (B) section. Most housing assistance programs are subject to both Federal and state law. Furthermore, the Mohave County Merit Rule 501(A) and (B) section is applicable to all housing assistance programs. It is the policy of MCCSD/MCHA to ensure all guidelines and applicable laws are properly enforced, including any additional conflict provisions not found in this policy, but contained in any applicable contract or form.

The Housing Assistance Programs ("**HAP**") include all the programs administered by MCCSD/MCHA that provide housing assistance to low and moderate income persons, which includes, but not limited to; Section 8 Housing Choice Voucher Program, the Supportive Housing Program ("**SH**P"), Housing Opportunities for Persons with AIDS ("**HOPWA**") program, HOME Investment

Partnership Program (Owner-Occupied Housing Rehabilitation Program), Community Development Block Grants (“**CDBG**”) Owner Occupied Housing Rehabilitation Program, Owner-Occupied Housing Emergency Repair Program and the Emergency Housing Assistance (“**EHA**”) Program.

GUIDELINES BASED UPON FEDERAL LAW

It is the policy of the MCCSD/MCHA, in administering and implementing its HAP, to comply with applicable Federal law and regulations concerning conflicts of interest and to administer the HAP consistent with the Guidelines Based Upon Federal Law, below.

Section 8 Tenant-Based Assistance Under the Housing Choice Voucher Program. (“§ 8”)

This program is subject to 24 C.F.R. § 982.161, which reads as follows:

§ 982.161 Conflict of Interest.

(a) Neither the PHA (Public Housing Authority) nor any of its contractors or subcontractors may enter into any contract or arrangement in connection with the tenant-based programs in which any of the following classes of persons has any interest, direct or indirect, during tenure or for one year thereafter:

(1) Any present or former member or officer of the PHA (except a participant commissioner);

(2) Any employee of the PHA, or any contractor, subcontractor or agent of the PHA, who formulates policy or who influences decisions with respect to the programs;

(3) Any public official, member of a governing body, or State or local legislator, who exercises functions or responsibilities with respect to the programs; or

(4) Any member of the Congress of the United States.

(b) Any member of the classes described in paragraph (a) of this section must disclose their interest or prospective interest to the PHA and HUD.

(c) The conflict of interest prohibition under this section may be waived by the HUD field office for good cause.

Additionally, the Housing Assistance Payments Contract (“**HAP Contract**”) contains the following language which is based upon Federal regulations:

13. Conflict of Interest

a. “Covered individual” means a person or entity who is a member of any of the following classes:

(1) Any present or former member or officer of the PHA (except a PHA commissioner who is a participant in the program);

(2) Any employee of the PHA, or any contractor, subcontractor or agent of the PHA, who formulates policy or who influences decisions with respect to the program;

(3) Any public official, member of a governing body, or State or local legislator, who exercises functions or responsibilities with respect to the program;

b. A covered individual may not have any direct or indirect interest in the HAP contract or in any benefits or payments under the contract (including the interest of an immediate family member of such covered individual) while such person is a covered individual or during one year thereafter.

c. "Immediate family member" means the spouse, parent (including a stepparent), child (including a stepchild), grandparent, grandchild, sister or brother (including a stepsister or stepbrother) of any covered individual.

d. The owner certifies and is responsible for assuring that no person or entity has or will have a prohibited interest, at execution of the HAP contract, or at any time during the HAP contract term.

e. If a prohibited interest occurs, the owner shall promptly and fully disclose such interest to the PHA and HUD.

f. The conflict of interest prohibition under this section may be waived by the HUD field office for good cause.

g. No member of or delegate to the Congress of the United States or resident commissioner shall be admitted to any share or part of the HAP contract or to any benefits which may arise from it.

Furthermore, 24 C.F.R. §982.162 requires MCCSD/MCHA to use United States Department of Housing & Urban Development ("**HUD**") approved contracts and forms, including the HAP Contract. 24 C.F.R. §982.162 reads as follows:

§ 982.162 Use of HUD-required contracts and other forms.

(a) The PHA must use program contracts and other forms required by HUD headquarters, including:

(1) The consolidated ACC between HUD and the PHA;

(2) The HAP contract between the PHA and the owner; and

(3) The tenancy addendum required by HUD (which is included both in the HAP contract and in the lease between the owner and the tenant).

(b) Required program contracts and other forms must be word-for-word in the form required by HUD headquarters. Any additions to or modifications of required program contracts or other forms must be approved by HUD headquarters.

It is the policy of the MCCSD/MCHA, in administering and implementing the § 8 Tenant-Based Assistance Under the Housing Choice Voucher Program, to follow the criteria and requirements in the HAP Contract and 24 C.F.R. § 982.161. If a conflict of interest is found under these guidelines the prohibition may be waived by the HUD field office for good cause.

Practical guidance:

1. Covered individuals and/or their immediate family members may not serve as landlords, contractors, or subcontractors under a HAP contract while such person is a covered individual or for one year thereafter.
2. Covered individuals and/or their immediate family members may not receive assistance or other benefits under a HAP Contract while such person is a covered individual or for one year thereafter.
3. If a MCCSD/MCHA employee who formulates policy or who influences decisions with respect to this program or the employee's immediate family member(s) are seeking an interest in or benefit (assistance) under a HAP Contract and believes that they would be eligible for an interest in or benefit (assistance) under this program but for the conflict of interest provisions, the employee shall immediately notify his/her supervisor and declare the conflict of interest consistent with this policy. A waiver from the HUD field office may be sought when deemed appropriate by MCCSD/MCHA and/or its Director. MCCSD/MCHA and the employee shall continue to comply with all Federal and Arizona laws, including this policy during the waiver process and, if a waiver is obtained, MCCSD/MCHA and the employee shall continue to comply with all applicable laws, regulations, waiver requirements, and this policy.
 - a) In exercising its discretion as to whether a waiver is appropriate and will be sought, MCCSD/MCHA will consider the following factors, which are comparable to the criteria found in other regulations in this policy for other housing programs, and which include, but are not limited to, the following:
 - (1) Whether the waiver would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;
 - (2) Whether the person affected is a member of a group or class of eligible persons and the waiver will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;

(3) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decision making process, with respect to the specific assisted activity in question;

(4) Whether the interest or benefit was present before the affected person was in their current position;

(5) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and

(6) Any other relevant considerations.

b) Prior to seeking a waiver MCCSD/MCHA shall obtain a legal opinion from the Mohave County Attorney's Office that the interest for which the waiver is sought would not violate State or local law.

Housing Opportunities for Persons with AIDS ("HOPWA")

This program is subject to 24 C.F.R. § 574.625, which reads:

§ 574.625 Conflict of interest.

(a) In addition to the conflict of interest requirements in OMB Circular A-102 and 24 CFR 85.36(b)(3), no person who is an employee, agent, consultant, officer, or elected or appointed official of the grantee or project sponsor and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter.

(b) Exceptions: Threshold requirements. Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (a) of this section when it determines that the exception will serve to further the purposes of the HOPWA program and the effective and efficient administration of the recipient's program or project. An exception may be considered only after the recipient has provided the following:

(1) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and

(2) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(c) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the requirements of paragraph (b) of this section, HUD will consider the cumulative effect of the following factors, where applicable:

- (1) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;
- (2) Whether the person affected is a member of a group or class of eligible persons and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;
- (3) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decisionmaking process with respect to the specific assisted activity in question;
- (4) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (a) of this section;
- (5) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and
- (6) Any other relevant considerations.

It is the policy of the MCCSD/MCHA, in administering and implementing the HOPWA Program to follow the criteria and requirements in 24 C.F.R. § 574.625. If a conflict of interest is found under this regulation, MCCSD/MCHA, the recipient, may appeal to HUD for an exception.

Practical Guidance:

1. In implementing this policy with respect to the HOPWA program, MCCSD/MCHA will interpret the language of “family...ties”, found in this regulation consistent with the policy and contract language regarding “immediate family member” stated above under the Section 8 Tenant-Based Assistance Under the Housing Choice Voucher Program section.
2. Under this regulation an exception may be obtained from HUD upon proper disclosure, a written request from the recipient, and a legal opinion from the Mohave County Attorney’s Office that the interest for which the exception is sought would not violate State or local law.

Supportive Housing Program (“SHP”)

This program is subject to 24 C.F.R. § 583.330(e), which reads:

(e) Conflicts of interest.

- (1) In addition to the conflict of interest requirements in 24 CFR part 85, no person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decisionmaking process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with

respect thereto, or the proceeds thereunder, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter. Participation by homeless individuals who also are participants under the program in policy or decisionmaking under § 583.300(f) does not constitute a conflict of interest.

(2) Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (e)(1) of this section on a case-by-case basis when it determines that the exception will serve to further the purposes of the program and the effective and efficient administration of the recipient's project. An exception may be considered only after the recipient has provided the following:

- (i) For States and other governmental entities, a disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and
- (ii) For all recipients, an opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(3) In determining whether to grant a requested exception after the recipient has satisfactorily met the requirement of paragraph (e)(2) of this section, HUD will consider the cumulative effect of the following factors, where applicable:

- (i) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the project which would otherwise not be available;
- (ii) Whether the person affected is a member of a group or class of eligible persons and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;
- (iii) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decisionmaking process with respect to the specific assisted activity in question;
- (iv) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (e)(1) of this section;
- (v) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and
- (vi) Any other relevant considerations.

It is the policy of the MCCSD/MCHA, in administering and implementing the SHP to follow the criteria and requirements in 24 C.F.R. § 583.330(e). If a conflict of interest is found under this regulation, HUD may grant an exception upon a written request from MCCSD/MCHA, the recipient.

Practical Guidance:

1. Participation by homeless individuals who also are participants under the program in policy or decisionmaking under §583.300(f) does not constitute a conflict of interest.

2. In implementing this policy with respect to the SHP program, MCCSD/MCHA will interpret the language of “family...ties”, found in this regulation consistent with the policy and contract language regarding “immediate family member” stated above under the Section 8 Tenant-Based Assistance Under the Housing Choice Voucher Program section.

3. Under this regulation an exception may be obtained from HUD upon proper disclosure, a written request from the recipient, and a legal opinion from the Mohave County Attorney’s Office that the interest for which the exception is sought would not violate State or local law.

HOME Investment Partnership Program (Owner-Occupied Housing Rehabilitation Program)

This program is subject to 24 C.F.R. § 92.356, which, in part, reads:

92.356 Conflict of interest.

(a) Applicability. In the procurement of property and services by participating jurisdictions, State recipients, and subrecipients, the conflict of interest provisions in 24 CFR 85.36 and 24 CFR 84.42, respectively, apply. In all cases not governed by 24 CFR 85.36 and 24 CFR 84.42, the provisions of this section apply.

(b) Conflicts prohibited. No persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to activities assisted with HOME funds or who are in a position to participate in a decisionmaking process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a HOME- assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

(c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the participating jurisdiction, State recipient, or subrecipient which are receiving HOME funds.

(d) Exceptions: Threshold requirements. Upon the written request of the participating jurisdiction, HUD may grant an exception to the provisions of paragraph (b) of this section on a case-by-case basis when it determines that the exception will serve to further the purposes of the HOME Investment Partnerships Program and the effective and efficient administration of the participating jurisdiction's program or project. An exception may be considered only after the participating jurisdiction has provided the following:

(1) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and

(2) An opinion of the participating jurisdiction's or State recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(e) Factors to be considered for exceptions. In determining whether to grant a requested exception after the participating jurisdiction has satisfactorily met the requirements of paragraph (d) of this section, HUD will consider the cumulative effect of the following factors, where applicable:

- (1) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project which would otherwise not be available;
- (2) Whether the person affected is a member of a group or class of low-income persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;
- (3) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decisionmaking process with respect to the specific assisted activity in question;
- (4) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (c) of this section;
- (5) Whether undue hardship will result either to the participating jurisdiction or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and
- (6) Any other relevant considerations.

(f) Owners and Developers.

(1) No owner, developer or sponsor of a project assisted with HOME funds (or officer, employee, agent, elected or appointed official or consultant of the owner, developer or sponsor) whether private, for-profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer or sponsor) may occupy a HOME-assisted affordable housing unit in a project. This provision does not apply to an individual who receives HOME funds to acquire or rehabilitate his or her principal residence or to an employee or agent of the owner or developer of a rental housing project who occupies a housing unit as the project manager or maintenance worker.

(2) Exceptions. Upon written request of a housing owner or developer, the participating jurisdiction (or State recipient, if authorized by the State participating jurisdiction) may grant an exception to the provisions of paragraph (f)(1) of this section on a case-by-case basis when it determines that the exception will serve to further the purposes of the HOME program and the effective and efficient administration of the owner's or developer's HOME-assisted project. In determining whether to grant a requested exception, the participating jurisdiction shall consider the following factors:

- (i) Whether the person receiving the benefit is a member of a group or class of low-income persons intended to be the beneficiaries of the assisted housing, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;

(ii) Whether the person has withdrawn from his or her functions or responsibilities, or the decisionmaking process with respect to the specific assisted housing in question;

(iii) Whether the tenant protection requirements of § 92.253 are being observed;

(iv) Whether the affirmative marketing requirements of § 92.351 are being observed and followed; and

(v) Any other factor relevant to the participating jurisdiction's determination, including the timing of the requested exception.

It is the policy of the MCCSD/MCHA, in administering and implementing the HOME Investment Partnership Program (Owner-Occupied Housing Rehabilitation Program), to follow the criteria and requirements in 24 C.F.R. § 92.356. If a conflict of interest is found under this regulation a written request for an exception may be sought from HUD.

Practical Guidance:

1. Under this regulation an exception may be obtained from HUD upon proper disclosure, a written request from the participating jurisdiction, and a legal opinion from the Mohave County Attorney's Office that the interest for which the exception is sought would not violate State or local law.

2. Generally, no owner, developer, or employee or agent of the owner or developer assisted with HOME funds may occupy a HOME-assisted housing unit. See subsection (f) above.

3. Generally, no employee, officer, or elected official of MCCSD/MCHA, who exercises any functions or responsibilities or who is in a position to participate in a decision-making process or gain inside information with respect to activities assisted with HOME funds may obtain a financial interest or benefit from a HOME-assisted activity, nor may they have any interest in any contract, subcontract, or agreement, or the proceeds thereunder, for themselves or for those with whom they have family or business ties during their tenure of for one year thereafter.

(a) In implementing this policy, MCCSD/MCHA will interpret the language of "family...ties", found in this regulation consistent with the policy and contract language regarding "immediate family member" stated above under the Section 8 Tenant-Based Assistance Under the Housing Choice Voucher Program section.

Community Development Block Grants ("CDBG") Owner Occupied Housing Rehabilitation program

This program is subject to 24 C.F.R. §570.611, which reads as follows:

§ 570.611 Conflict of interest.

(a) Applicability.

(1) In the procurement of supplies, equipment, construction, and services by recipients and by subrecipients, the conflict of interest provisions in 24 CFR 85.36 and 24 CFR 84.42, respectively, shall apply.

(2) In all cases not governed by 24 CFR 85.36 and 84.42, the provisions of this section shall apply. Such cases include the acquisition and disposition of real property and the provision of assistance by the recipient or by its subrecipients to individuals, businesses, and other private entities under eligible activities that authorize such assistance (e.g., rehabilitation, preservation, and other improvements of private properties or facilities pursuant to § 570.202; or grants, loans, and other assistance to businesses, individuals, and other private entities pursuant to § 570.203, 570.204, 570.455, or 570.703(i)).

(b) Conflicts prohibited. The general rule is that no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decisionmaking process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For the UDAG program, the above restrictions shall apply to all activities that are a part of the UDAG project, and shall cover any such financial interest or benefit during, or at any time after, such person's tenure.

(c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of subrecipients that are receiving funds under this part.

(d) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (b) of this section on a case-by-case basis when it has satisfactorily met the threshold requirements of (d)(1) of this section, taking into account the cumulative effects of paragraph (d)(2) of this section.

(1) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation:

(i) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and

(ii) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(2) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the requirements of paragraph (d)(1) of this section, HUD shall conclude that such an exception will serve

to further the purposes of the Act and the effective and efficient administration of the recipient's program or project, taking into account the cumulative effect of the following factors, as applicable:

- (i) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;
- (ii) Whether an opportunity was provided for open competitive bidding or negotiation;
- (iii) Whether the person affected is a member of a group or class of low- or moderate-income persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;
- (iv) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decisionmaking process with respect to the specific assisted activity in question;
- (v) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (b) of this section;
- (vi) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and
- (vii) Any other relevant considerations.

It is the policy of the MCCSD/MCHA, in administering and implementing the CDBG Owner Occupied Housing Rehabilitation Program, to follow the criteria and requirements in 24 C.F.R. § 570.611. If a conflict of interest is found under this regulation, HUD may grant an exception upon a written request by the MCCSD/MCHA, the recipient.

Practical Guidance:

1. Under this regulation an exception may be obtained from HUD upon proper disclosure, a written request from the recipient, and a legal opinion from the Mohave County Attorney's Office that the interest for which the exception is sought would not violate State or local law.
2. Generally, no employee, officer, official of MCCSD/MCHA, or of any designated public agency, or of a subrecipient who is receiving funds under this program, who exercises any functions or responsibilities or who is in a position to participate in a decision-making process or gain inside information with respect to CDBG activities may obtain a financial interest or benefit from a CDBG-assisted activity, nor may they have any interest in any contract, subcontract, or agreement, or the proceeds thereunder, for themselves or for those with whom they have family or business ties during their tenure of for one year thereafter.

(a) In implementing this policy, MCCSD/MCHA will interpret the language of “family...ties”, found in this regulation consistent with the policy and contract language regarding “immediate family member” stated above under the Section 8 Tenant-Based Assistance Under the Housing Choice Voucher Program section.

GUIDELINES BASED UPON ARIZONA LAW

It is the policy of the MCCSD/MCHA, in implementing and administering its Housing Assistance Programs, to comply with applicable Arizona law concerning conflicts of interest and to administer the HAP consistent with the Guidelines Based Upon Arizona Law, below.

STATE HOUSING TRUST FUND (“HTF”) PROGRAMS Emergency Housing Assistance (“EHA”) & Owner-Occupied Housing Emergency Repair Programs

MCCSD/MCHA administers two housing assistance programs as a Recipient of State Housing Trust Funds under a funding agreement (“**Funding Agreement**”) with the Arizona Department of Housing (“**ADOH**”). The two programs include: (1) the Eviction Prevention/Emergency Housing program commonly known and referred to herein as “**Emergency Housing Assistance**”; and (2) the Owner-Occupied Housing Emergency Repair program.

It is the policy of MCCSD/MCHA to comply with the Funding Agreement with the ADOH, specifically Section 33, which reads:

Section 33. Interest of Members of Department of Housing and Others

No officer or employee of ADOH and no public official, employee or member of the governing body of Recipient who exercises any functions or responsibilities in review or approval of the undertaking or carrying out of the Agreement shall participate in any decision relating to this Agreement which affects their personal interest or the interest of any corporation, partnership, or association in which they are directly or indirectly interested, or have any interest, direct or indirect, in this Agreement or its proceeds.

Practical Guidance:

1. This section applies to public officials, employees, or board members of MCCSD/MCHA who exercise any functions or responsibilities in the review or approval process of the Emergency Housing Assistance and/or the Owner-Occupied Housing Emergency Repair program. These individuals are prohibited from having any interest, direct or indirect, in the Funding Agreement or its proceeds. Furthermore, they shall make known any interest prohibited by Section 33 in the public records of MCCSD/MCHA and/or to their supervisor and refrain from participating in any manner in the

review, approval, or decision-making process. There are no waivers or exception to the prohibition in Section 33.

2. Relatives of a public official, employee and/or board member affected by Section 33, who are otherwise qualified, may have an interest, including receiving assistance, in the HTF programs if proper disclosure is made by the official, employee, or board member and the affected individual refrains from voting upon or otherwise participating in the review, application, or decision making process.

Conflict of Interest of Officers and County Employees

It is the policy of the MCCSD/MCHA, in implementing and administering all of its HAP, to comply with Arizona law, regarding conflicts of interest of public officers and employees, found in A.R.S. § 38-501 *et seq.* The requirements of this section are concurrent and/or additional to any other applicable policy provision and/or Federal or state law or regulation.

Arizona law and this policy may create additional obligations regarding disclosure and restraint, above and beyond Federal regulations. For example, Arizona law and this policy require disclosure of a conflict of interest to be made by a public officer or employee by the filing of a paper which is signed by a public officer or employee and which fully discloses a substantial interest or the filing of a copy of the official minutes of a public agency which fully discloses a substantial interest.

Additionally, the definition of "relative" as used in A.R.S. §38-502 is broader and encompasses more individuals than the term "immediate family" member used in the HAP Contract and in this policy for various Federally funded programs. Hence, there may be situations that require disclosure and restraint under the Guidelines Based Upon Arizona Law even though there may not be a conflict of interest issue based upon Federal law or regulations.

Definitions (A.R.S. § 38-502)

In this guideline, unless the context otherwise requires:

1. "Compensation" means money, a tangible thing of value or a financial benefit.
2. "Employee" means all persons who are not public officers and who are employed on a full-time, part-time or contract basis by an incorporated city or town, a political subdivision or the state or any of its departments, commissions, agencies, bodies or boards for remuneration, which includes MCCSD/MCHA.
3. "Make known" means the filing of a paper which is signed by a public officer or employee and which fully discloses a substantial interest or the filing of a copy of

the official minutes of a public agency which fully discloses a substantial interest. The filing shall be in the special file established pursuant to A.R.S. § 38-509.

4. "Official records" means the minutes or papers, records and documents maintained by a public agency for the specific purpose of receiving disclosures of substantial interests required to be made known by this article.

5. "Political subdivision" means all political subdivisions of the state and county, including all school districts.

6. "Public agency" means:

- (a) All courts.
- (b) Any department, agency, board, commission, institution, instrumentality or legislative or administrative body of the state, a county, an incorporated town or city and any other political subdivision.
- (c) The state, county and incorporated cities or towns and any other political subdivisions.

7. "Public competitive bidding" means the method of purchasing defined in title 41, chapter 4, article 3, or procedures substantially equivalent to such method of purchasing, or as provided by local charter or ordinance.

8. "Public officer" means all elected and appointed officers of a public agency established by charter, ordinance, resolution, state constitution or statute.

9. "Relative" means the spouse, child, child's child, parent, grandparent, brother or sister of the whole or half blood and their spouses and the parent, brother, sister or child of a spouse.

10. "Remote interest" means:

- (a) That of a nonsalaried officer of a nonprofit corporation.
- (b) That of a landlord or tenant of the contracting party.
- (c) That of an attorney of a contracting party.
- (d) That of a member of a nonprofit cooperative marketing association.
- (e) The ownership of less than three percent of the shares of a corporation for profit, provided the total annual income from dividends, including the value of stock dividends, from the corporation does not exceed five percent of the total annual income of such officer or employee and any other payments made to him by the corporation do not exceed five percent of his total annual income.
- (f) That of a public officer or employee in being reimbursed for his actual and necessary expenses incurred in the performance of official duty.

(g) That of a recipient of public services generally provided by the incorporated city or town, political subdivision or state department, commission, agency, body or board of which he is a public officer or employee, on the same terms and conditions as if he were not an officer or employee.

(h) That of a public school board member when the relative involved is not a dependent, as defined in section 43-1001, or a spouse.

(i) That of a public officer or employee, or that of a relative of a public officer or employee, unless the contract or decision involved would confer a direct economic benefit or detriment upon the officer, employee or his relative, of any of the following:

(i) Another political subdivision.

(ii) A public agency of another political subdivision.

(iii) A public agency except if it is the same governmental entity.

(j) That of a member of a trade, business, occupation, profession or class of persons consisting of at least ten members which is no greater than the interest of the other members of that trade, business, occupation, profession or class of persons.

11. "Substantial interest" means any pecuniary or proprietary interest, either direct or indirect, other than a remote interest.

Conflict of Interest (A.R.S. § 38-503)

A. Any public officer or employee of MCCSD/MCHA who has, or whose relative has, a substantial interest in any contract, sale, purchase or service to MCCSD/MCHA's HAP, shall make known that interest in the official records of MCCSD/MCHA and shall refrain from voting upon or otherwise participating in any manner as an officer or employee in such contract, sale or purchase.

B. Any public officer or employee who has, or whose relative has, a substantial interest in any decision of MCCSD/MCHA shall make known such interest in the official records of MCCSD/MCHA and shall refrain from participating in any manner as an officer or employee in such decision.

C. Notwithstanding the provisions of subsections A and B of this section, no public officer or employee of a MCCSD/MCHA shall supply to MCCSD/MCHA's HAP any equipment, material, supplies or services, unless pursuant to an award or contract let after public competitive bidding, except that:

1. Political subdivisions may purchase through their governing bodies, without using public competitive bidding procedures, supplies, materials and equipment not exceeding three hundred dollars in cost in any single

transaction, not to exceed a total of one thousand dollars annually, from a member of the governing body if the policy for such purchases is approved annually.

Prohibited Acts (A.R.S. § 38-504)

A. A public officer or employee shall not represent another person for compensation before a public agency by which the officer or employee is or was employed within the preceding twelve months or on which the officer or employee serves or served within the preceding twelve months concerning any matter with which the officer or employee was directly concerned and in which the officer or employee personally participated during the officer's or employee's employment or service by a substantial and material exercise of administrative discretion.

B. During the period of a public officer's or employee's employment or service and for two years thereafter, a public officer or employee shall not disclose or use for the officer's or employee's personal profit, without appropriate authorization, any information acquired by the officer or employee in the course of the officer's or employee's official duties which has been clearly designated to the officer or employee as confidential when such confidential designation is warranted because of the status of the proceedings or the circumstances under which the information was received and preserving its confidentiality is necessary for the proper conduct of government business. A public officer or employee shall not disclose or use, without appropriate authorization, any information that is acquired by the officer or employee in the course of the officer's or employee's official duties and that is declared confidential by law.

C. A public officer or employee shall not use or attempt to use the officer's or employee's official position to secure any valuable thing or valuable benefit for the officer or employee that would not ordinarily accrue to the officer or employee in the performance of the officer's or employee's official duties if the thing or benefit is of such character as to manifest a substantial and improper influence on the officer or employee with respect to the officer's or employee's duties.

Resolving Conflicts, County Employees, and Additional Income Prohibited (A.R.S. § 503-505)

A. County employees, who are otherwise eligible for any HAP, are not precluded by this policy from participating or receiving assistance simply because of their employment with Mohave County, if all applicable Federal and state laws are complied with and the requirements of this policy are fulfilled. If eligible, county employees will not be given preferential treatment and all applicants will be considered equally at all levels and stages of any MCCSD/MCHA procedure.

B. If a MCCSD/MCHA employee has a substantial interest in any decision involving a relative, the Director of MCCSD/MCHA shall take appropriate administrative measures, such as, transferring the case to another employee and screening the concerned employee. Documentation of any disclosure and screening shall be kept by the MCCSD/MCHA.

C. No public officer or employee may receive or agree to receive directly or indirectly compensation other than as provided by law for any service rendered or to be rendered by him personally in any case, proceeding, application, or other matter which is pending before the public agency of which he is a public officer or employee. This paragraph shall not be construed to prohibit the performance of ministerial functions including, but not limited to, the filing, or amendment of tax returns, applications for permits and licenses, incorporation papers, and other documents.

MOHAVE COUNTY MERIT RULE 501 (A) and (B)

A. CODE OF ETHICS:

1. County employees are expected to maintain high standards of honesty, integrity, impartiality and to conduct themselves so as to assure the proper and efficient conduct of County business and to promote the confidence of the citizenry in the quality of their County government.
2. Employees are expected to be courteous, prompt and considerate in their dealings with the public and shall conduct themselves at all times in a manner which does not bring discredit or embarrassment to the County.

B. SPECIFIC CONDUCT AND RESPONSIBILITIES:

1. Employees shall not directly or indirectly use or allow the use of County property of any kind, including property leased, loaned or otherwise used by the County, for other than officially approved activities. Employees are obligated to protect and conserve all County property entrusted to them.
2. Official position shall not be used by County employees for personal gain. Public influence and confidential or "inside information" must never be turned into personal advantage. All plans, designs, reports, specifications, drawings, devices, inventions, and other items produced or created by employees during working hours or through the use of County property shall become the sole property of the county of Mohave. Employees shall not accept payment from outside sources for professional services rendered (i.e. teaching, instructing, speaking engagements, consulting, honorariums) when such activities are

done on County time or when such services pertain to the purchase or sale of County property.

3. Employees shall avoid discrimination because of race, color, religion, national origin, sex, political affiliations, age, handicap with reasonable accommodation or veteran status.
4. Conflict of interest laws (A.R.S. 38-501 *et seq.*) must be scrupulously observed. Employees must disclose their interest, if any, in the official records of the employing department and shall not participate in or vote for any contract, sale, purchase or service in which they knowingly have an interest.
5. Employees must never permit themselves to be placed under any kind of personal obligation which could lead any person to expect official favors.
6. The employee's acts must reflect impartiality. All official decisions must be determined by impersonal consideration, free from any taint of favoritism, prejudice, personal ambition or partisan demands.
7. Employees should avoid situations which lead to garnishment of their wages.
8. Employees shall not accept or solicit, directly or indirectly, anything of economic value such as a gift, gratuity, favor, entertainment or loan which is or may appear to be designed to influence official conduct in any manner, particularly from a person who is seeking to obtain contractual or other business or financial arrangements with the county, or who has interests that might be substantially affected by the performance or nonperformance of the employee's duty. This provision does not prohibit the acceptance by an employee of food or refreshment of insignificant value on infrequent occasions where the employee is properly in attendance; nor the solicitation or acceptance by an employee of loans from banks or other financial institutions on customary terms to finance proper and usual activities of the employee; nor the acceptance of unsolicited advertising or promotional material such as pens, pencils, calendars and other items of nominal intrinsic value.

MISCELLANEOUS

FAILURE TO DISCLOSE, VIOLATIONS, REMEDIES

- A. Inadvertent failure to disclose any conflict does not excuse compliance with this policy or any applicable conflict of interest law.

- B. In addition to any other remedies provided by law, any application, contract, lease, sale, purchase, act, or service entered into by MCCSD/MCHA and/or its employee(s) in violation of this policy or in violation of any statutory law is voidable at the instance of the Board of Supervisors

PROTECTED CLASSES

- A. To the extent that a person is a protected class of person(s) under any executive order or law that affords them special protection, accommodation, or consideration, that person shall make known to MCCSD/MCHA in writing all rights, privileges, and entitlements it seeks to have acknowledged.

HUD WAIVERS & EXCEPTIONS

- A. MCCSD/MCHA reserves any authority and discretion it may have under various Federal regulations in determining if a waiver and/or exception from the HUD field office will be sought and/or is appropriate.

RESERVATIONS

- A. The MCCSD/MCHA reserves the right to amend this policy at any time to comport with any internal MCCSD/MCHA management changes, Mohave County policies, and/or current applicable laws.



Old Concho Community Assistance Center

PO Box 50 - 35432 Hwy 180 A - Concho, AZ 85924
(928)337-5047 Fax: (928)337-2376

STANDARDS OF CONDUCT

A. PROHIBITED CONDUCT

It is not possible to list all the forms of behavior that are unacceptable in the work place, but the following are some examples of conduct that may result in disciplinary action, including termination of employment.

- Theft, removal, or unauthorized possession of Company property
- Falsification of timekeeping records
- Working under the influence of alcohol
- Possession, distribution, sale, transfer, use, or being under the influence of alcoholic or illegal drugs in the work place or during work hours
- Fighting or threatening violence in the workplace
- Boisterous or disruptive activity in the workplace
- Negligence or improper conduct leading to damage of Company, customer, or co-worker property
- Insubordination or other disrespectful conduct
- Violation of safety, health or Company rules
- Smoking in prohibited areas
- Sexual or other unlawful harassment or discrimination
- Possession of dangerous or unauthorized materials, such as explosives or firearms, in the workplace
- Excessive absenteeism or absence without notice
- Unauthorized absence from work station during the work day

This statement of prohibited conduct does not alter the Company's policy of employment at will.

Compliance With Laws

Violation of a law, rule or regulation deemed by Company management to be adverse to the interests of the Company or its clients or misrepresentation or omission of any material facts in the application process or during employment may result in disciplinary action up to and including immediate termination of employment.

Employees are required to notify the Executive Director or her designated agents if they are charged with any felony.

B. ZERO TOLERANCE POLICY FOR WORKPLACE VIOLENCE

1. Statement of Policy

Acts or threats of physical violence, including intimidation, harassment and/or coercion, which involve or affect the Company or its employees or which occur on Company property or during work hours will not be tolerated.

This prohibition against threats and acts of violence applies to all persons involved in the operation of the Company, including, but not limited to, Company personnel, contract and temporary workers and anyone else on Company property. Violations of this policy, by any individual on Company property, by any individual acting as a representative of the Company while off Company property or by any individual acting off Company property when his or her actions affect the business interests of the Company, will lead to disciplinary and/or legal action, as appropriate.

2. Definitions

Workplace violence is any intentional conduct which is sufficiently severe, offensive or intimidating to cause an individual to reasonably fear for his or her personal safety or the safety of his or her family, friends and/or property such that employment conditions are altered or a hostile, abusive or intimidating work environment is created for one or more Company employees.

Workplace violence does not refer to occasional comments of a socially acceptable nature. Such comments may include references to legitimate sporting activities, popular entertainment or current events. Rather, it refers to behavior that is personally offensive, threatening or intimidating.

3. Enforcement

Any person who engages in a threat or violent action on Company property may be removed from the premises as quickly as safety permits and may be required, at the Company's discretion, to remain off Company premises pending the outcome of an investigation into the incident.

When threats are made or acts of violence are committed by a Company employee, a judgment will be made by the Company as to what actions are appropriate, including possible medical evaluation and/or possible disciplinary action.

4. Temporary and Permanent Restraining Orders

Any employee who applies for a temporary or permanent protective or restraining order which lists any Company location as a protected area must provide to the Executive Director a copy of the petition and declarations used to apply for the order. Any employee who obtains a temporary or permanent protective or restraining order which lists any Company location as a protected area must provide to the Executive Director a copy of the order. Such information will be kept confidential to the extent possible without compromising the safety and security of Company employees and the Company.

Important Note: The Company will make the sole determination of whether, and to what extent, threats or acts of violence will be acted upon by the Company. In making this determination the Company may undertake a case-by-case analysis in order to ascertain whether there is a reasonable basis to believe that workplace violence has occurred. No provision of this policy shall alter the at-will nature of employment at the Company.

C. OFF-DUTY CONDUCT AND CONFLICTS OF INTEREST

Employees are expected to conduct their personal affairs in a manner which does not adversely affect the Company's integrity, reputation or credibility. Illegal off-duty conduct on the part of an employee which adversely affects the Company's legitimate business interests or the employee's ability to perform his or her job will not be tolerated. Any conduct that is actually in direct conflict with the essential enterprise-related interests of the Company and which would constitute a material and substantial disruption of the Company's operation is strictly prohibited.

D. DRUG AND ALCOHOL ABUSE

Use of alcohol, illegal drugs or controlled substances are prohibited. The following are strictly prohibited by the Company:

1. Possession, use, or being under the influence of alcohol or an illegal drug or controlled substance while on the job.
2. Driving a Company vehicle or your own vehicle for a Company-related purpose while under the influence of alcohol or an illegal drug or controlled substance.
3. Distribution, sale or purchase of or offer to sell or purchase an illegal drug or controlled substance while on the job.

Violation of the above rules and standards of conduct will not be tolerated and will be grounds for disciplinary action up to and including termination. The Company may also bring the matter to the attention of appropriate law enforcement authorities.

In order to enforce this policy, the Company reserves the right to conduct searches of Company property and to implement other measures necessary to deter and detect abuse of this policy.

An employee's conviction on a charge of illegal sale or possession of any drug or controlled substance while off Company property will not be tolerated.

E. PUNCTUALITY AND ATTENDANCE

Employees are expected to report to work every day as scheduled, on time, and prepared to start work. Employees are also expected to remain at work for their entire work schedule, except for meal periods or when required to leave on authorized Company business.

If you are unable to report for work on any scheduled work day, you must call the office at least one hour before the time you are scheduled to begin working. Employees must also inform their supervisor of the expected duration of any absence. Absent extenuating circumstances, you must call in on every day you are scheduled to work and will not report to work.

Excessive absenteeism or tardiness, excused or not, will not be tolerated. Excessive tardiness of an hour or more 3 times in a month will result in a loss of a ½ day of personal time.

If you fail to report for work without any notification to your supervisor and your absence continues for a period of three days, the Company will consider that you have abandoned your employment and have voluntarily terminated.

F. CONFIDENTIALITY

Information about the Company, its employees, customers, suppliers and vendors is to be kept confidential and divulged only to individuals within the Company with a need to receive, and authorized to receive, such information. If in doubt as to whether information should be divulged, err in favor of not divulging information and discuss the situation with your supervisor.

All records and files maintained by the Company, in whatever form, are confidential and remain the property of the Company. Records and files are not to be disclosed to any outside party in any manner without the express permission of the Executive Director. Confidential information may not be removed from the Company premises without express written authorization.

Employees will be required to enter into a written confidentiality agreement as a condition of employment or continued employment.

G. INFORMATION SYSTEMS AND INTERNET

The Company's information systems and electronic resources, are provided by the Company for the use of the Company and are to be reviewed, monitored and used only in the pursuit of the Company's business. As a result, certain data is readily available to numerous persons. If, during the

course of your employment, you perform or transmit work on the Company's computers or other technical resources, your work may be subject to the review of others.

INSTALLING OR DOWNLOADING ANY SOFTWARE ON TO ANY COMPUTER WITHOUT EXPLICIT PERMISSION IS ABSOLUTELY PROHIBITED EVEN IF YOU PERCEIVE IT TO BE A BENEFIT TO YOUR WORK. SUCH PROGRAMS CAN INSTALL "SPYWARE" WHICH COMPROMISES OUR SECURITY AND PRESENTS OTHER SERIOUS PROBLEMS.

The use of the Company's information systems in any manner that may be disruptive, offensive to others or harmful to morale is specifically prohibited, including but not limited to the display or transmission of sexually explicit images, messages and cartoons, as well as the use of any ethnic slurs or communication that may be construed as harassment or disparagement of others. Such transmissions may be grounds for disciplinary action, up to and including termination. The use of the Company's information systems to solicit or proselytize others for commercial ventures, religious or political causes, outside organizations or other non-job-related solicitations is strictly forbidden and is grounds for disciplinary action, up to and including termination. **Searches of the Company's information systems may be conducted without advance notice in order to ensure that they are being used exclusively to facilitate transmittal of business-related information.**

The Company may at any time in its sole discretion deny any employee access to sites or functions on any of its electronic or other communications equipment on a temporary or permanent basis.

H. DRESS CODE

Employees are expected to dress neatly and in a manner consistent with the nature of the work performed. Employees who report to work inappropriately dressed may be asked to leave and return in acceptable attire.

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|----------------------------------|---|
| Applicant's (Organization) Name: | Old Concho Community Assistance Center |
| Applicant's DUNS Name: | 02-083-9507 |
| Federal Program: | U.S. Department of Housing and Urban Development NOFA--Continuum of Care |
| CFDA Number: | 14.267 |

- | | |
|--|--|
| <p>1. Has the applicant ever received a grant or contract from the Federal government?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the applicant a faith-based organization?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Is the applicant a secular organization?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>4. Does the applicant have 501(c)(3) status?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>5. Is the applicant a local affiliate of a national organization?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. How many full-time equivalent employees does the applicant have? (Check only one box).</p> <p><input type="checkbox"/> 3 or fewer <input type="checkbox"/> 15-50</p> <p><input type="checkbox"/> 4-5 <input type="checkbox"/> 51-100</p> <p><input checked="" type="checkbox"/> 6-14 <input type="checkbox"/> over 100</p> <p>7. What is the size of the applicant's annual budget? (Check only one box.)</p> <p><input type="checkbox"/> Less Than \$150,000</p> <p><input type="checkbox"/> \$150,000 - \$299,999</p> <p><input type="checkbox"/> \$300,000 - \$499,999</p> <p><input checked="" type="checkbox"/> \$500,000 - \$999,999</p> <p><input type="checkbox"/> \$1,000,000 - \$4,999,999</p> <p><input type="checkbox"/> \$5,000,000 or more</p> |
|--|--|

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 2017 Project Application will be imported into the FY 2018 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 2018 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: 09/03/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0005

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: Arizona Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6004791

| | | | | |
|--|--------------------------------|-----------|---------------|------|
| | c. Organizational DUNS: | 086704488 | PLUS 4 | 2818 |
|--|--------------------------------|-----------|---------------|------|

d. Address

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name: Special Needs Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Ditmore

Suffix:

Title: Director

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1007

Applicant: Arizona Department of Housing

86-6004791

Project: Dreamcatcher RRH

165836

Extension:

Fax Number: (602) 771-1002

Email: carol.ditmore@azhousing.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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Dreamcatcher RRH

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
(for multiple selections hold CTRL key)

b. Project: AZ-004, AZ-003, AZ-001
(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: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Arizona Department of Housing

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1085

Extension:

Email: Karia.Basta@azhousing.gov

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85007

2. Employer ID Number (EIN): 86-6004791

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$179,602.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Dreamcatcher RRH 1110 West Washington Suite 280 Phoenix Arizona

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a | Social Security No. | Type of | Financial Interest | Financial Interest |
|---|---------------------|---------|--------------------|--------------------|
| Renewal Project Application FY2018 | | Page 10 | | 09/03/2018 |

| reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation | in Project/Activity (\$) | in Project/Activity (%) |
|---|--------------------|---------------|-----------------------------|----------------------------|
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 07/31/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Department of Housing

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; | |

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

X

accurate. ☐

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

Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Arizona Department of Housing

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 09/03/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Arizona Department of Housing

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

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 Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 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) 2019, as confirmed on the FY 2018 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 2018 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: \$179,602

| Organization | Type | Type | Sub-Award Amount |
|---|------------------------------------|------------------------------------|------------------|
| Community Action Human Resources Agency (CAHRA) | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$179,602 |

2A. Project Subrecipients Detail

a. Organization Name: Community Action Human Resources Agency (CAHRA)

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

c. Employer or Tax Identification Number: 86-0397693

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 020324617 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 109 N. Sunshine Blvd

Street 2:

City: Eloy

State: Arizona

Zip Code: 85131

f. Congressional District(s): AZ-004, AZ-003, AZ-001
(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: \$179,602

j. Contact Person

Prefix: Ms.

First Name: Mary Lou

Middle Name:

Last Name: Rosales

Suffix:

Title: Executive Director

E-mail Address: mlrosales@cahrapinal.org

Confirm E-mail Address: mlrosales@cahrapinal.org

Phone Number: 520-466-1112

Extension:

Fax Number: 520-466-0013

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:** AZ0005

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

2a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

2b. CoC Collaborative Applicant Name: Arizona Department of Housing

3. Project Name: Dreamcatcher RRH

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

**7. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

CAHRA was one of the first agencies in Pinal County to recognize the serious threat of physical and emotional harm faced by homeless individuals and families. The agency undertook programs including the Emergency Shelter and Dreamcatcher Rapid Rehousing. These programs provide persons and families experiencing homelessness with progressive steps to achieve permanent, affordable housing.

The Dreamcatcher RRH is a scattered site TBRA with support services. Families are able to have financial and service support while they stabilize their situation so that they can eventually support themselves. They are provided with what they need for the least amount of time to be self-sufficient. We follow them with case management even when financial support is withdrawn.

The RRH program targets homeless families with minor children. The primary goal is to rapidly rehouse families who have become homeless and provide support services, case management and subsidized housing to families with minor children who meet the HUD definition of homelessness. Support services can include: substance abuse treatment, educational services, employment assistance, job training, child care, mental health counseling, life skill training, and financial management classes. Community partners include: AZ@WORK, Horizon Health and Wellness, Pinal Hispanic Council, DES Child Care, Good Will Employment Center, University of Arizona Cooperative Extension Programs, Angel Acres, and Domestic Violence Education.

During a family's stay in the program, they are provided access to community-based agencies that provide services identified as necessary to increase personal and economic self-sufficiency. All efforts, throughout the term of the case management program, are geared to helping the family identify barriers to their self-sufficiency and implement strategies to address these barriers. Staff use the VI-SPDAT to help make housing and service plans. Through this process CAHRA participates in the BoSCoC coordinated entry process. The Pinal Care Network is available for case conferencing so that participants get the services and resources that are needed. CAHRA uses the Housing First model to help households become housed as quickly as possible.

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

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

| | | | |
|------------------|--------------------------|-------------------|--------------------------|
| Chronic Homeless | <input type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
|------------------|--------------------------|-------------------|--------------------------|

| | | | |
|------------------------|-------------------------------------|-----------------------------------|--------------------------|
| Veterans | <input type="checkbox"/> | Substance Abuse | <input type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Families with Children | <input checked="" type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

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

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

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.

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

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: 10

Total Beds: 28

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 10 | 28 |

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: 28

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: 109 N. Sunshine Blvd

Street 2:

City: Eloy

State: Arizona

ZIP Code: 85131

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

049021 Pinal 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.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households | 22 | | | 22 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 18 | 0 | | 18 |
| Adults ages 18-24 | 12 | 0 | | 12 |
| Accompanied Children under age 18 | 50 | | 0 | 50 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 80 | 0 | 0 | 80 |

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

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | 3 | 0 | 0 | 0 | 0 | 1 | 2 | | 2 | 12 |
| Adults ages 18-24 | | 0 | | | | | | | 0 | 12 |
| Children under age 18 | | | | | 0 | 0 | 0 | 0 | 2 | 48 |
| Total Persons | 3 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 4 | 72 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|--------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | | | | | | | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-------------------------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

Not all adults and children have a specific condition.

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.

| | |
|------|---|
| 30% | Directly from the street or other locations not meant for human habitation. |
| 50% | Directly from emergency shelters. |
| | Directly from safe havens. |
| 20% | Persons fleeing domestic violence. |
| | Directly from transitional housing eliminated in a previous CoC Program Competition. |
| | Directly from the TH Portion of a Joint TH and PH-RRH Component project. |
| | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program. |
| 100% | Total of above percentages |

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 | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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.

| Total Request for Grant Term: | | \$123,600 | |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | 10 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| N/A | AZ - Phoenix-Mesa-Scottsdale, AZ MSA ... | 10 | \$123,600 |

Rental Assistance Budget Detail

Type of Rental Assistance: N/A

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | HUD Paid Rent (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|------------------------|---|----------------------|---------------------------|---|-----------|---|---------------------------|
| SRO | | x | \$468 | \$468 | x | | = | \$0 |
| 0 Bedroom | | x | \$624 | \$624 | x | | = | \$0 |
| 1 Bedroom | | x | \$757 | \$757 | x | | = | \$0 |
| 2 Bedrooms | 8 | x | \$944 | \$944 | x | | = | \$90,624 |
| 3 Bedrooms | 2 | x | \$1,374 | \$1,374 | x | | = | \$32,976 |
| 4 Bedrooms | | x | \$1,594 | \$1,594 | x | | = | \$0 |
| 5 Bedrooms | | x | \$1,833 | \$1,833 | x | | = | \$0 |
| 6 Bedrooms | | x | \$2,072 | \$2,072 | x | | = | \$0 |
| 7 Bedrooms | | x | \$2,311 | \$2,311 | x | | = | \$0 |
| 8 Bedrooms | | x | \$2,550 | \$2,550 | x | | = | \$0 |
| 9 Bedrooms | | x | \$2,790 | \$2,790 | x | | = | \$0 |
| Total Units and Annual Assistance Requested | 10 | | | | | | | \$123,600 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$123,600 |

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: | \$11,750 |
| Total Value of In-Kind Commitments: | \$33,151 |
| Total Value of All Commitments: | \$44,901 |

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.

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|---------|------------|----------------------|--------------------|----------------------|
| Yes | Cash | Government | Arizona Departmen... | 08/15/2018 | \$11,750 |
| Yes | In-Kind | Private | Community Action ... | 08/15/2018 | \$33,151 |

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: Arizona Department of Housing
(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: \$11,750

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: Community Action Human Resources Agency
(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: \$33,151

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 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.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$0 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$123,600 |
| 3. Supportive Services | \$45,211 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$168,811 |
| 7. Admin (Up to 10%) | \$10,791 |
| 8. Total Assistance plus Admin Requested | \$179,602 |
| 9. Cash Match | \$11,750 |
| 10. In-Kind Match | \$33,151 |
| 11. Total Match | \$44,901 |
| 12. Total Budget | \$224,503 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | CAHRA 501c3 | 11/16/2015 |
| 2) Other Attachmenbt | No | EEO Survey | 09/17/2017 |
| 3) Other Attachment | No | Code of Conduct | 09/17/2017 |

Attachment Details

Document Description: CAHRA 501c3

Attachment Details

Document Description: EEO Survey

Attachment Details

Document Description: Code of Conduct

7A. In-Kind Match MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

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 Karia Basta

Date: 09/03/2018

Title: Special Needs Administrator

Applicant Organization: Arizona Department of Housing

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

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 | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| 5C. Outreach | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input type="checkbox"/> |
| 6C. Rental Assistance | <input type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |

| | |
|--|-------------------------------------|
| 6E. Summary Budget | <input type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7A. In-Kind Match MOU Attachment | <input type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

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):

Sub-recipient amount updated based on 2018 GIW. Match updated to reflect 2018 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

| Page | Last Updated |
|--------------------------------|-------------------|
| 1A. SF-424 Application Type | 07/31/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2018 | Page 50 | 09/03/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1D. SF-424 Congressional District(s) | 09/03/2018 |
| 1E. SF-424 Compliance | 07/31/2018 |
| 1F. SF-424 Declaration | 07/31/2018 |
| 1G. HUD-2880 | 07/31/2018 |
| 1H. HUD-50070 | 07/31/2018 |
| 1I. Cert. Lobbying | 07/31/2018 |
| 1J. SF-LLL | 07/31/2018 |
| Recipient Performance | 07/31/2018 |
| Renewal Grant Consolidation | 07/31/2018 |
| 2A. Subrecipients | 07/31/2018 |
| 3A. Project Detail | 07/31/2018 |
| 3B. Description | 09/03/2018 |
| 4A. Services | 07/31/2018 |
| 4B. Housing Type | 07/31/2018 |
| 5A. Households | 07/31/2018 |
| 5B. Subpopulations | 07/31/2018 |
| 5C. Outreach | 07/31/2018 |
| 6A. Funding Request | 07/31/2018 |
| 6C. Rental Assistance | 07/31/2018 |
| 6D. Match | 08/12/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 07/31/2018 |
| 7A. In-Kind Match MOU Attachment | No Input Required |
| 7B. Certification | 08/12/2018 |
| Submission Without Changes | 07/31/2018 |

Date: October 30, 2003

Person to Contact:

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST

877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

86-0397693

Community Action Human Resources
Agency
311 N. Main St.
Eloy, AZ 85231-2511



This is in response to your request of October 30, 2003, regarding your organization's tax-exempt status.

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.

Community Action Human Resources Agency
86-0397693

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.

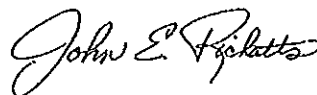
Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make 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. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are 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. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

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,

A handwritten signature in cursive script, reading "John E. Ricketts".

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

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|----------------------------------|---|
| Applicant's (Organization) Name: | Community Action Human Resources Agency |
| Applicant's DUNS Name: | 020324617 |
| Federal Program: | Continuum of Care |
| CFDA Number: | 14.267 |

- | | | | | | | | | | | | | | |
|--|---|-------------------------------------|--------------------------------|------------------------------|---------------------------------|--|-----------------------------------|--|--|--|--|---|--|
| <p>1. Has the applicant ever received a grant or contract from the Federal government?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the applicant a faith-based organization?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Is the applicant a secular organization?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>4. Does the applicant have 501(c)(3) status?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>5. Is the applicant a local affiliate of a national organization?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. How many full-time equivalent employees does the applicant have? (Check only one box).</p> <table border="0"><tr><td><input type="checkbox"/> 3 or fewer</td><td><input type="checkbox"/> 15-50</td></tr><tr><td><input type="checkbox"/> 4-5</td><td><input type="checkbox"/> 51-100</td></tr><tr><td><input checked="" type="checkbox"/> 6-14</td><td><input type="checkbox"/> over 100</td></tr></table> <p>7. What is the size of the applicant's annual budget? (Check only one box.)</p> <table border="0"><tr><td><input type="checkbox"/> Less Than \$150,000</td></tr><tr><td><input type="checkbox"/> \$150,000 - \$299,999</td></tr><tr><td><input type="checkbox"/> \$300,000 - \$499,999</td></tr><tr><td><input type="checkbox"/> \$500,000 - \$999,999</td></tr><tr><td><input checked="" type="checkbox"/> \$1,000,000 - \$4,999,999</td></tr><tr><td><input type="checkbox"/> \$5,000,000 or more</td></tr></table> | <input type="checkbox"/> 3 or fewer | <input type="checkbox"/> 15-50 | <input type="checkbox"/> 4-5 | <input type="checkbox"/> 51-100 | <input checked="" type="checkbox"/> 6-14 | <input type="checkbox"/> over 100 | <input type="checkbox"/> Less Than \$150,000 | <input type="checkbox"/> \$150,000 - \$299,999 | <input type="checkbox"/> \$300,000 - \$499,999 | <input type="checkbox"/> \$500,000 - \$999,999 | <input checked="" type="checkbox"/> \$1,000,000 - \$4,999,999 | <input type="checkbox"/> \$5,000,000 or more |
| <input type="checkbox"/> 3 or fewer | <input type="checkbox"/> 15-50 | | | | | | | | | | | | |
| <input type="checkbox"/> 4-5 | <input type="checkbox"/> 51-100 | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 6-14 | <input type="checkbox"/> over 100 | | | | | | | | | | | | |
| <input type="checkbox"/> Less Than \$150,000 | | | | | | | | | | | | | |
| <input type="checkbox"/> \$150,000 - \$299,999 | | | | | | | | | | | | | |
| <input type="checkbox"/> \$300,000 - \$499,999 | | | | | | | | | | | | | |
| <input type="checkbox"/> \$500,000 - \$999,999 | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> \$1,000,000 - \$4,999,999 | | | | | | | | | | | | | |
| <input type="checkbox"/> \$5,000,000 or more | | | | | | | | | | | | | |

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.

Community Action Human Resources Agency

Conflict of Interest

Policy

Employees of the COMMUNITY ACTION HUMAN RESOURCES AGENCY must avoid any potential or actual conflicts of interest and are to maintain independence and objectivity with regard to clients, the community and any related organizations. Employees are expected to maintain a sense of fairness, civility, ethics and personal integrity even in situations not specifically addressed by law, regulation, or custom.

Staff is to immediately report any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest to one's supervisor.

Acceptance of Payment/Gifts

CAHRA employees may not accept gifts from clients, families, vendors, providers or consultants, when such gifts may potentially influence, or give the appearance of influencing, an employee's decision-making or job performance. Any such offers must be immediately reported to the employee's supervisor, who will determine whether acceptance of the gift constitutes a conflict of interest.

Bribery

A bribe is anything of value corruptly received by an employee in exchange for the employee being influenced in their official actions. Giving, offering, receiving or asking for a bribe of any value is prohibited.

Personal Relationships/Professionalism

Misuse of Position

CAHRA employees may not use their official position to get something of value that would not be available to other similarly situated individuals. Similarly, CAHRA employees may not use their official position to get something of value for someone else that would not be properly available to other similarly situated individuals.

Personal Relationships with Clients

Employees will not engage in personal (including close friendships, babysitting, dating, and sexual relationships) or business relationships with clients on their caseloads. Employees may not invite clients to their homes for any purpose.

Employees will immediately notify the supervisor when assigned to directly assess, investigate, or provide services to friends, family members, or any situations that are or have the potential for a conflict of interest.

Personal Relationships with Co-workers

Employees will not participate in interviewing, hiring, supervising or evaluating any family member.

Self-dealing

Nepotism

Employees may not participate in a matter in which they, their immediate family, their business organization or their future employer have a financial interest. Participation includes discussing as well as voting on a matter and delegating a matter to someone else.

Information Sharing/Use of Information for Personal Gain

CAHRA employees may not disclose confidential information or make personal use of non-public information they acquire in the course of their official duties to further their personal interests.

External Commitments

Second Job/Consulting/Internships/Volunteering

Working for any contracted provider, in home service provider, doing case management, counseling, or social work of any type involving contact with individuals or families served by CAHRA is generally incompatible with the duties of CAHRA employees.

Employees must disclose that they work for CAHRA to a client or family if the family is or becomes involved with CAHRA. Employees must also notify their CAHRA supervisor when they discover that they are working (in another capacity) with families who are or become involved with CAHRA.

Volunteer Activities

CAHRA encourages volunteerism. This policy does not prohibit employees from participating in the activities of local nonprofit, religious or community organizations nor from accepting awards given by such organizations. However, employees may not use CAHRA resources or their position at CAHRA in a volunteer position without approval from their supervisor.

Board of Directors/Professional Committee Involvement

In some situations, CAHRA staff members are required to be part of specific boards or committees as part of their CAHRA job duties. In these situations, no approval is required.

For any paid or unpaid board or committee membership not required by CAHRA, employees will notify and receive approval from their supervisor prior to serving on the board or committee. This would include any public or private agencies, businesses, organizations or other groups. Supervisors will ensure the following:

- a. The CAHRA staff member's job duties do not conflict with the membership.
- b. The CAHRA staff member notifies the board or committee that their board or committee position does not represent CAHRA.

Independent Board/Committee Involvement

For any paid or unpaid board or committee membership not required by CAHRA, employees will notify and receive approval from their supervisor prior to serving on the board or committee. This would include any public or private agencies, businesses, organizations or other groups. Supervisors will ensure the following:

- a. The CAHRA staff member's job duties do not conflict with the membership.
- b. The CAHRA staff member notifies the board or committee that their board or committee position does not represent CAHRA.

Political or Social Affiliations/Activities

CAHRA employees are free to engage in political activities on a personal basis as long as the activities do not conflict with their ability to carry out their CAHRA responsibilities or create confusion between actions that are taken by them personally versus as a CAHRA employee. Individual political activities should only occur during off-duty hours, at the employee's own expense and without use of CAHRA's name, resources, facilities or equipment. If an employee is asked to sign political advertisements or endorsements that include employment, a generic description should be used.

Appearance of Conflict

Employees are prohibited from acting in a manner that would make a reasonable person think they can be improperly influenced.

Philosophy and Purpose

Employees must be aware of situations of potential and actual conflicts of interest in their conduct in relation to their position and involvement with co-workers, clients (current or past), and other entities.

Definitions

Benefit—see personal interest

Confidential Information—Information concerning and related to reporting source, reports received, investigations and assessments, referrals for service, families involved with CAHRA (past and present), personnel matters, collective bargaining and arbitration, litigation and potential litigation, investigations of violations of the law, quasi-judicial deliberations, partnerships, and transactions of/with CAHRA .

Conflict of Interest— a. situation in which the concerns or aims of two different parties are incompatible. b. situation in which a person is in a position to derive personal benefit from actions or decisions made in their official capacity

Employee—refers to current county employees and purchased personnel (whether receiving salary/wages or on any leave of absence), volunteers, and consultants.

Familial—family member by blood, marriage, or court order.

Immediate family member—parent, step-parent, spouse, spouse’s parent, spouse’s step-parent, child, step-child, brother, step-brother, brother-in-law, sister, step-sister, sister-in-law, grandchild, and grandparent.

Kinship relationship—relative, godparent, or close family friend.

Partnerships—refers to vertical and horizontal alliances (partnerships, collaborations, and coalitions) with individuals and entities such as child and family service providers, substance abuse treatment providers, hospitals, and educational institutions, community organizations, etc.

Personal Interest—when a person has the potential to gain or lose money, gifts, favors, preferential treatment, promotion or employment for oneself or another depending upon the outcome of a decision or other transaction.

Transactions—may involve provision of service, employment, contracts, fee-for-service, fundraising, accounting, purchasing, collaborations, joint service programs, advocacy, legal, consulting, information systems, coalitions, mergers, acquisitions, contingency plans, and/or research, etc.

Mary Lou Rosales

Executive Director Signature

September 6, 2017

Date

To be approved by the board of directors on October 26, 2017

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 2017 Project Application will be imported into the FY 2018 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 2018 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: 09/03/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0187

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: Arizona Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6004791

| | | | | |
|--|--------------------------------|-----------|---------------|------|
| | c. Organizational DUNS: | 086704488 | PLUS 4 | 2818 |
|--|--------------------------------|-----------|---------------|------|

d. Address

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name: Special Needs Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Ditmore

Suffix:

Title: Director

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1007

Applicant: Arizona Department of Housing

86-6004791

Project: Cochise County RRH

160379

Extension:

Fax Number: (602) 771-1002

Email: carol.ditmore@azhousing.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-6200-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Cochise County RRH

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
(for multiple selections hold CTRL key)

b. Project: AZ-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2019

b. End Date: 03/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Arizona Department of Housing

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1085

Extension:

Email: Karia.Basta@azhousing.gov

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85007

2. Employer ID Number (EIN): 86-6004791

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$126,983.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Cochise County RRH 1110 West Washington Suite 280 Phoenix Arizona

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a | Social Security No. | Type of | Financial Interest | Financial Interest |
|---|---------------------|---------|--------------------|--------------------|
| Renewal Project Application FY2018 | | Page 10 | | 09/03/2018 |

| reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation | in Project/Activity (\$) | in Project/Activity (%) |
|---|--------------------|---------------|-----------------------------|----------------------------|
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 07/31/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Department of Housing

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; | |

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

X

accurate. ☐

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

Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Arizona Department of Housing

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 09/03/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Arizona Department of Housing

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/03/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

Project just started. No APR due yet.

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 Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 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) 2019, as confirmed on the FY 2018 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 2018 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: \$126,983

| Organization | Type | Type | Sub-Award Amount |
|-------------------------|------------------------------------|------|------------------|
| Community Bridges, Inc. | M. Nonprofit with 501C3 IRS Status | | \$126,983 |

2A. Project Subrecipients Detail

a. Organization Name: Community Bridges, Inc.

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

c. Employer or Tax Identification Number: 94-2880847

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 143328099 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 1855 W. Baseline Road, Suite 101

Street 2:

City: Mesa

State: Arizona

Zip Code: 85202

f. Congressional District(s): AZ-006
(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: \$126,983

j. Contact Person

Prefix: Dr.

First Name: Frank

Middle Name:

Last Name: Scarpati

Suffix:

Title: President/Chief Executive Officer

E-mail Address: fscarpati@cbridges.com

Confirm E-mail Address: fscarpati@cbridges.com

Phone Number: 480-831-7566

Extension: 207

Fax Number:

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** AZ0187

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

2a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

2b. CoC Collaborative Applicant Name: Arizona Department of Housing

3. Project Name: Cochise County RRH

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

**7. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

The CBI Cochise County Rapid Re-Housing Reallocation Project serves a minimum of eight (8) households (individuals or families) throughout Cochise County. Participants in the Rapid Re-Housing project are identified through the Cochise County Coordinated Entry System for those that score on the VI-SPDAT within the Rapid Re-Housing range. Participants in the program are provided with financial assistance in terms of rents, deposits and utilities. Housing Relocation and Stabilization services are provided in terms of case management, outreach and engagement, housing search and match. CBI manages the Rapid Re-housing subsidy and it includes determining client program eligibility and orientation for RRH, provide Landlord Courtesy Listing and customized housing search assistance, negotiating the contract and gross rent amounts and lease terms in accordance with HUD-published Fair Market Rents (FMRs) with landlords, conducting housing quality standards (HQS) inspections, performing lead based paint assessments, and making monthly rental payments for participants. The CBI Navigator assists participants with the housing search and application process, as well as moving into housing. Once housed, the RRH Navigator completes a full SPDAT assessment for each participant and uses the results as the basis for creating an individualized housing and service plan. The Navigator monitors participants' progress on achieving the goals in the plan and reassesses the participant every quarter. The Navigator provides continuing contact with participants to monitor their transition from homelessness into housing and assist them with accessing needed benefits and services such as AHCCCS, social security, disability, behavioral and mental health treatment, legal assistance, medical care, education, employment-related services, identification and transportation. In addition, the Navigator links participants to CBI's system of care for behavioral health and substance issues as needed. The Navigator also assists participants in maintaining positive relationships with landlords and problem-solving when necessary to maintain their housing. In addition, Navigators helps participants keep medical and other appointments, follows up with appeals processes or other advocacy needs for the individual's care. Participants receive multiple contacts at varying degrees of frequency, sometimes several times per week, depending on the participant's current need.

CBI collaborates with community resources to obtain items such as furnishings, furniture, appliances, food, and clothing participants need to move into their new housing.

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

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

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

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

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

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.**

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

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



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

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

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

Total Units: 8

Total Beds: 8

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 8 | 8 |

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. 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:

State: Arizona

ZIP Code:

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

049003 Cochise County

5A. Project Participants - Households

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households | 3 | 5 | | 8 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 5 | 6 | | 11 |
| Adults ages 18-24 | 1 | 1 | | 2 |
| Accompanied Children under age 18 | 3 | | | 3 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 9 | 7 | 0 | 16 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------|--|--|--|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | | | 2 | | | 1 | | | 2 |
| Adults ages 18-24 | | | | 1 | | | | | | |
| Children under age 18 | | | | | | | | | | 3 |
| Total Persons | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 0 | 0 | 5 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|----------------------|--|--|--|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | | | 2 | | 1 | 2 | | | 2 |
| Adults ages 18-24 | | | | 1 | | | | | | |
| Total Persons | 0 | 0 | 0 | 3 | 0 | 1 | 2 | 0 | 0 | 2 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-------------------------------------|--|--|--|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

Children don't fit in a category. Individual has partner or spouse that does not have any conditions.

5C. Outreach for Participants

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

| | |
|------|---|
| 50% | Directly from the street or other locations not meant for human habitation. |
| 45% | Directly from emergency shelters. |
| | Directly from safe havens. |
| 5% | Persons fleeing domestic violence. |
| | Directly from transitional housing eliminated in a previous CoC Program Competition. |
| | Directly from the TH Portion of a Joint TH and PH-RRH Component project. |
| | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program. |
| 100% | Total of above percentages |

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 | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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](#).

| Total Request for Grant Term: | | \$57,408 | |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | 8 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | AZ - Sierra Vista-Douglas, AZ MSA (04... | 8 | \$57,408 |

Rental Assistance Budget Detail

Type of Rental Assistance: TRA


Metropolitan or non-metropolitan fair market rent area: AZ - Sierra Vista-Douglas, AZ MSA (0400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | HUD Paid Rent (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|------------------------|---|----------------------|---------------------------|---|-----------|---|---------------------------|
| SRO | | x | \$446 | \$446 | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$594 | \$594 | x | 12 | = | \$0 |
| 1 Bedroom | 8 | x | \$598 | \$598 | x | 12 | = | \$57,408 |
| 2 Bedrooms | | x | \$747 | \$747 | x | 12 | = | \$0 |
| 3 Bedrooms | | x | \$1,060 | \$1,060 | x | 12 | = | \$0 |
| 4 Bedrooms | | x | \$1,316 | \$1,316 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,513 | \$1,513 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$1,711 | \$1,711 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$1,908 | \$1,908 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,106 | \$2,106 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,303 | \$2,303 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 8 | | | | | | | \$57,408 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$57,408 |

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: | \$8,308 |
| Total Value of In-Kind Commitments: | \$23,438 |
| Total Value of All Commitments: | \$31,746 |

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.

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|---------|------------|----------------------|--------------------|----------------------|
| Yes | Cash | Government | AZ Department of ... | 08/15/2018 | \$8,308 |
| Yes | In-Kind | Private | Community Bridges... | 08/15/2018 | \$23,438 |

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: AZ Department of Housing
(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: \$8,308

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: Community Bridges, Inc.
(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: \$23,438

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

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 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.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$0 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$57,408 |
| 3. Supportive Services | \$60,988 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$118,396 |
| 7. Admin (Up to 10%) | \$8,587 |
| 8. Total Assistance plus Admin Requested | \$126,983 |
| 9. Cash Match | \$8,308 |
| 10. In-Kind Match | \$23,438 |
| 11. Total Match | \$31,746 |
| 12. Total Budget | \$158,729 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | 501 c 3 | 07/31/2018 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 07/31/2018 |
| 3) Other Attachment | No | | |

Attachment Details

Document Description: 501 c 3

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

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 Karia Basta

Date: 09/03/2018

Title: Special Needs Administrator

Applicant Organization: Arizona Department of Housing

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

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 | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input checked="" type="checkbox"/> |
| 4B. Housing Type | <input checked="" type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input checked="" type="checkbox"/> |
| 5B. Subpopulations | <input checked="" type="checkbox"/> |
| 5C. Outreach | <input checked="" type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |

| | |
|--|-------------------------------------|
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7A. In-Kind Match MOU Attachment | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

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):

First renewal of application. Entered all required information in each section.

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

| Page | Last Updated |
|--------------------------------|-------------------|
| 1A. SF-424 Application Type | 07/31/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2018 | Page 48 | 09/03/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1D. SF-424 Congressional District(s) | 07/31/2018 |
| 1E. SF-424 Compliance | 07/31/2018 |
| 1F. SF-424 Declaration | 07/31/2018 |
| 1G. HUD-2880 | 07/31/2018 |
| 1H. HUD-50070 | 07/31/2018 |
| 1I. Cert. Lobbying | 07/31/2018 |
| 1J. SF-LLL | 07/31/2018 |
| Recipient Performance | 07/31/2018 |
| Renewal Grant Consolidation | 07/31/2018 |
| 2A. Subrecipients | 07/31/2018 |
| 3A. Project Detail | 07/31/2018 |
| 3B. Description | 09/03/2018 |
| 4A. Services | 07/31/2018 |
| 4B. Housing Type | 07/31/2018 |
| 5A. Households | 07/31/2018 |
| 5B. Subpopulations | 07/31/2018 |
| 5C. Outreach | 07/31/2018 |
| 6A. Funding Request | 07/31/2018 |
| 6C. Rental Assistance | 07/31/2018 |
| 6D. Match | 08/12/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 07/31/2018 |
| 7A. In-Kind Match MOU Attachment | No Input Required |
| 7B. Certification | 08/12/2018 |
| Submission Without Changes | 07/31/2018 |



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248205661
Mar. 11, 2014 LTR 4168C 0
94-2880847 000000 00

00019262
BODC: TE

COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202



014273

Employer Identification Number: 94-2880847
Person to Contact: Ms. Johnson
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 28, 2014, 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 July 1983.

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.

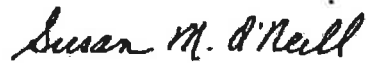
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third 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.

0248205661
Mar. 11, 2014 LTR 4168C 0
94-2880847 000000 00
00019263

COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202

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

Sincerely yours,



Susan M. O'Neill, Department Mgr.
Accounts Management Operations



014273.422730.48383.4404 1 AB 0.406 530



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.

The IRS address must appear in the window.

BODCD-TE

Use for payments

Letter Number: LTR4168C
Letter Date : 2014-03-11
Tax Period : 000000



INTERNAL REVENUE SERVICE
P.O. Box 2508
Cincinnati OH 45201

COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202

942880847 CR COMM 00 2 000000 670 000000000000

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|----------------------------------|---|
| Applicant's (Organization) Name: | Community Bridges, Inc. |
| Applicant's DUNS Name: | 143328099 |
| Federal Program: | U.S Department of Housing and Urban Development NOFA Continuum of Care |
| CFDA Number: | 14.267 |

- | | |
|--|--|
| 1. Has the applicant ever received a grant or contract from the Federal government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 5. Is the applicant a local affiliate of a national organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Is the applicant a faith-based organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6. How many full-time equivalent employees does the applicant have? (Check only one box). <input type="checkbox"/> 3 or fewer <input type="checkbox"/> 15-50 <input type="checkbox"/> 4-5 <input type="checkbox"/> 51-100 <input type="checkbox"/> 6-14 <input checked="" type="checkbox"/> over 100 |
| 3. Is the applicant a secular organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 7. What is the size of the applicant's annual budget? (Check only one box.) <input type="checkbox"/> Less Than \$150,000 <input type="checkbox"/> \$150,000 - \$299,999 <input type="checkbox"/> \$300,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> \$1,000,000 - \$4,999,999 <input checked="" type="checkbox"/> \$5,000,000 or more |
| 4. Does the applicant have 501(c)(3) status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 2017 Project Application will be imported into the FY 2018 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 2018 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: 09/04/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0175

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: Arizona Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6004791

| | | | | |
|--|--------------------------------|-----------|---------------|------|
| | c. Organizational DUNS: | 086704488 | PLUS 4 | 2818 |
|--|--------------------------------|-----------|---------------|------|

d. Address

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name: Special Needs Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Ditmore

Suffix:

Title: Director

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1007

Applicant: Arizona Department of Housing
Project: Cypress Grove

86-6004791
160393

Extension:
Fax Number: (602) 771-1002
Email: carol.ditmore@azhousing.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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Cypress Grove

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
(for multiple selections hold CTRL key)

b. Project: AZ-004, AZ-001
(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: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Arizona Department of Housing

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1085

Extension:

Email: Karia.Basta@azhousing.gov

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85007

2. Employer ID Number (EIN): 86-6004791

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$70,029.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Cypress Grove 1110 West Washington Suite 280
Phoenix Arizona

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a | Social Security No. | Type of | Financial Interest | Financial Interest |
|---|---------------------|---------|--------------------|--------------------|
| Renewal Project Application FY2018 | | Page 10 | | 09/04/2018 |

| reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation | in Project/Activity (\$) | in Project/Activity (%) |
|---|--------------------|---------------|-----------------------------|----------------------------|
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Department of Housing

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; | |

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

X

accurate. ☐

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

Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Arizona Department of Housing

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 09/04/2018

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Arizona Department of Housing

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

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 Grant Consolidation Screen



HUD encourages the consolidation of renewal grants. As part of the FY 2018 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) 2019, as confirmed on the FY 2018 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 2018 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 2018 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: \$70,029

| Organization | Type | Type | Sub-Award Amount |
|---------------------------------------|------------------------------------|------|------------------|
| Catholic Charities Community Services | M. Nonprofit with 501C3 IRS Status | | \$70,029 |

2A. Project Subrecipients Detail

a. Organization Name: Catholic Charities Community Services

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

c. Employer or Tax Identification Number: 86-0223999

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 045990645 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 2101 N 4TH ST

Street 2:

City: FLAGSTAFF

State: Arizona

Zip Code: 86004

f. Congressional District(s): AZ-004, AZ-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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: \$70,029

j. Contact Person

Prefix: Ms.

First Name: Sandi

Middle Name:

Last Name: Flores

Suffix:

Title: Program Manager

E-mail Address: sflores@cc-az.org

Confirm E-mail Address: sflores@cc-az.org

Phone Number: 928-699-2289

Extension:

Fax Number: 928-774-0697

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** AZ0175

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

2a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

2b. CoC Collaborative Applicant Name: Arizona Department of Housing

3. Project Name: Cypress Grove

4. Project Status: Standard

5. Component Type: PH

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

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

**7. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

Cypress Grove provides permanent supportive housing for households experiencing chronic homelessness and have a HUD qualifying disability. All of these units are dedicated specifically for chronically homeless households. Catholic Charities is part of the BOSCO Coordinated Entry (CE) which is designed as a "no wrong door" approach and utilizes the VI-SPDAT to determine housing prioritization. Program staff are trained in administering the VI-SPDAT and entering data into the HMIS Coordinated Entry Site. All housing placements come through coordinated entry, case conferencing, and the By Name List. Other input comes from the PATH Program, local emergency shelters, local behavioral health agencies and other community housing partners. Case conferencing is done with behavioral health providers, shelter staff, and other community housing partners. Clients are further assessed and housed in the most appropriate program using a Housing First approach. Clients are referred by staff to mainstream resources and there is a benefits specialist trained in SOAR.

Catholic Charities is trained in and provides housing based case management services in conjunction with behavioral health case managers as well as property management services and financial literacy education. All units are provided with the basic necessities such as kitchen items, sheets, towels and minimal furniture, donated by the community. Housing Case Managers are assisting clients in seeking additional services and appropriate resources, including next step permanent housing solutions. The Continuum of Care Housing funding is leveraged in part by behavioral health funding for wrap around and behavioral health supportive services.

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

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

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

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

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

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.

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

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: 6

Total Beds: 6

Total Dedicated CH Beds: 6

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 6 | 6 |

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: 6

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 6

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

4. Address:

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

Street 1:

Street 2:

City:

State:

ZIP Code:

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

049005 Coconino County, 040144 Flagstaff

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.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households | | 6 | | 6 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | | 5 | | 5 |
| Adults ages 18-24 | | 1 | | 1 |
| Accompanied Children under age 18 | | | | 0 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 0 | 6 | 0 | 6 |

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

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | | | | | | | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|--------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | 5 | | | | | | | | | |
| Adults ages 18-24 | 1 | | | | | | | | | |
| Total Persons | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-------------------------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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.

| | |
|------|---|
| 75% | Directly from the street or other locations not meant for human habitation. |
| 25% | Directly from emergency shelters. |
| | Directly from safe havens. |
| | Persons fleeing domestic violence. |
| 100% | Total of above percentages |

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 | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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.

| Total Annual Assistance Requested: | | | \$65,448 |
|------------------------------------|-----------------------|-------------------------------|------------------------|
| Grant Term: | | | 1 Year |
| Total Request for Grant Term: | | | \$65,448 |
| Total Units: | | | 6 |
| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
| AZ - Flagstaff, A... | 6 | \$65,448 | \$65,448 |

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: AZ - Flagstaff, AZ MSA (0400599999)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|---|------------------------|---------------------------|
| SRO | | |
| 0 Bedroom | 6 | |
| 1 Bedroom | | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 6 | \$65,448 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$65,448 |

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: | \$1,145 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$1,145 |

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

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|------|------------|----------------------|--------------------|----------------------|
| Yes | Cash | Government | AZ Department of ... | 08/15/2018 | \$1,145 |

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: AZ Department of Housing
(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: \$1,145

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 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.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$65,448 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$0 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$65,448 |
| 7. Admin (Up to 10%) | \$4,581 |
| 8. Total Assistance plus Admin Requested | \$70,029 |
| 9. Cash Match | \$1,145 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$1,145 |
| 12. Total Budget | \$71,174 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | CCS Flagstaff 501c3 | 08/22/2017 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 08/14/2018 |
| 3) Other Attachment | No | Code of Conduct | 09/03/2018 |

Attachment Details

Document Description: CCS Flagstaff 501c3

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

Attachment Details

Document Description: Code of Conduct

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 Karia Basta

Date: 09/04/2018

Title: Special Needs Administrator

Applicant Organization: Arizona Department of Housing

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

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 | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| 5C. Outreach | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6B. Leased Units | <input checked="" type="checkbox"/> |

| | |
|--|-------------------------------------|
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

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):

Cypress Grove will be part of a consolidation if approved. The four projects included are Cypress Grove, Flagstaff Pines, Forward Step, and Sycamore Canyon. The project will be named Sycamore Canyon. Project detail was updated, match was updated, and attachments were 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

| Page | Last Updated |
|--------------------------------|-------------------|
| 1A. SF-424 Application Type | 08/14/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2018 | Page 48 | 09/04/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1D. SF-424 Congressional District(s) | 09/03/2018 |
| 1E. SF-424 Compliance | 08/14/2018 |
| 1F. SF-424 Declaration | 08/14/2018 |
| 1G. HUD-2880 | 08/14/2018 |
| 1H. HUD-50070 | 08/14/2018 |
| 1I. Cert. Lobbying | 08/14/2018 |
| 1J. SF-LLL | 08/14/2018 |
| Recipient Performance | 08/14/2018 |
| Renewal Grant Consolidation | 08/14/2018 |
| 2A. Subrecipients | 09/04/2018 |
| 3A. Project Detail | 08/14/2018 |
| 3B. Description | 09/03/2018 |
| 3C. Dedicated Plus | 08/14/2018 |
| 4A. Services | 08/14/2018 |
| 4B. Housing Type | 08/14/2018 |
| 5A. Households | 08/14/2018 |
| 5B. Subpopulations | No Input Required |
| 5C. Outreach | 08/14/2018 |
| 6A. Funding Request | 08/14/2018 |
| 6B. Leased Units | 08/14/2018 |
| 6D. Match | 08/14/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/14/2018 |
| 7B. Certification | 08/14/2018 |
| Submission Without Changes | 08/14/2018 |

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: June 12, 2013

Person to Contact:

Roger Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your June 5, 2013, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2013*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2013* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

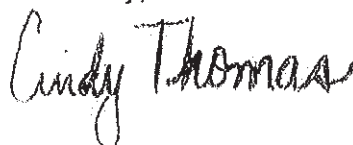
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

A handwritten signature in cursive script that reads "Cindy Thomas". The signature is written in dark ink and is positioned above the printed name and title.

Cindy Thomas
Manager, Exempt Organizations
Determinations

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|----------------------------------|---|
| Applicant's (Organization) Name: | Catholic Charities Community Services, Inc. |
| Applicant's DUNS Name: | 078993326 |
| Federal Program: | U.S. Department of Housing and Urban Development NOFA--Continuum of Care |
| CFDA Number: | 14.267 |

1. Has the applicant ever received a grant or contract from the Federal government?

☒ Yes ☐ No

2. Is the applicant a faith-based organization?

☒ Yes ☐ No

3. Is the applicant a secular organization?

☐ Yes ☒ No

4. Does the applicant have 501(c)(3) status?

☒ Yes ☐ No

5. Is the applicant a local affiliate of a national organization?

☒ Yes ☐ No

6. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or fewer ☐ 15-50
☐ 4-5 ☐ 51-100
☐ 6-14 ☒ over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less Than \$150,000
☐ \$150,000 - \$299,999
☐ \$300,000 - \$499,999
☐ \$500,000 - \$999,999
☐ \$1,000,000 - \$4,999,999
☒ \$5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.



Catholic Charities
Community Services



Helping our community's most vulnerable with solutions that permanently improve lives

Statement of Standards of Conduct Procedures

Catholic Charities currently has in place policies and procedures that comply with the HUD guidelines regarding a standard of conduct. These guidelines prohibit the acceptance of gifts or gratuities (other than token gifts of little monetary value) and outline disciplinary action for failure to abide by the procedures.

All staff must sign off on a receipt of policies and procedures upon hire and whenever the procedures are updated. A copy of this receipt is kept in their personnel file.

Catholic Charities Community Services
4747 N. 7th Ave
Phoenix, AZ 85013
602-650-4815
Lisa DeGroodt, Director of Human Resources



Catholic Charities
Community Services



Code of Ethics

Catholic Charities embraces the following ethical principles:

Support for the sanctity and dignity of human life; preference for serving the neediest and most vulnerable members of the community in the allocation of limited resources;

Guaranteeing to all persons served:

- the right to confidentiality and privacy;
- the right to informed consent and participation in decisions about services;
- the right to refuse treatment or participation in clinical trials or research;
- the right to file grievances in accordance with agency procedures;

Assurance that Catholic Charities follows practices, which:

- guarantee the integrity of decisions made about care and that those decisions are based solely on the diagnostic and treatment needs of the individual or family;
- guarantee accountability for all its fiscal and or business operations and;
- guarantee means of resolving differences in a timely manner with regard to care and/or treatment decisions.

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 2017 Project Application will be imported into the FY 2018 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 2018 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: 09/04/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0117

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: Arizona Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6004791

| | | | | |
|--|--------------------------------|-----------|---------------|------|
| | c. Organizational DUNS: | 086704488 | PLUS 4 | 2818 |
|--|--------------------------------|-----------|---------------|------|

d. Address

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name: Special Needs Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Ditmore

Suffix:

Title: Director

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1007

Applicant: Arizona Department of Housing
Project: Flagstaff Pines

86-6004791
160386

Extension:
Fax Number: (602) 771-1002
Email: carol.ditmore@azhousing.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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Flagstaff Pines

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
(for multiple selections hold CTRL key)

b. Project: AZ-004, AZ-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 02/01/2019

b. End Date: 01/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Arizona Department of Housing

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1085

Extension:

Email: Karia.Basta@azhousing.gov

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85007

2. Employer ID Number (EIN): 86-6004791

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$100,181.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Flagstaff Pines 1110 West Washington Suite 280
Phoenix Arizona

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a | Social Security No. | Type of | Financial Interest | Financial Interest |
|---|---------------------|---------|--------------------|--------------------|
| Renewal Project Application FY2018 | | Page 10 | | 09/04/2018 |

| reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation | in Project/Activity (\$) | in Project/Activity (%) |
|---|--------------------|---------------|-----------------------------|----------------------------|
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Department of Housing

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; | |

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

X

accurate. ☐

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

Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Arizona Department of Housing

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 09/04/2018

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Arizona Department of Housing

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

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 Grant Consolidation Screen



HUD encourages the consolidation of renewal grants. As part of the FY 2018 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) 2019, as confirmed on the FY 2018 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 2018 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 2018 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: \$100,181

| Organization | Type | Type | Sub-Award Amount |
|---------------------------------------|------------------------------------|------------------------------------|------------------|
| Catholic Charities Community Services | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$100,181 |

2A. Project Subrecipients Detail

a. Organization Name: Catholic Charities Community Services

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

c. Employer or Tax Identification Number: 86-0223999

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 045990645 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 2101 N. Fourth St.

Street 2:

City: Flagstaff

State: Arizona

Zip Code: 86004

f. Congressional District(s): AZ-004, AZ-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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: \$100,181

j. Contact Person

Prefix: Ms.

First Name: Sandi

Middle Name:

Last Name: Flores

Suffix:

Title: Program Manager

E-mail Address: sflores@cc-az.org

Confirm E-mail Address: sflores@cc-az.org

Phone Number: 928-699-2289

Extension:

Fax Number: 928-774-0697

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:** AZ0117

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

2a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

2b. CoC Collaborative Applicant Name: Arizona Department of Housing

3. Project Name: Flagstaff Pines

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. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

Flagstaff Pines provides permanent supportive housing for homeless individuals. Catholic Charities uses CE which is a "no wrong door" system that takes referrals from their PATH Program, local emergency shelters, and local behavioral health agencies. Clients are further assessed and housed in the most appropriate program ASAP. Catholic Charities provides crisis management services in conjunction with behavioral health case managers as well as property management services and financial literacy education. All units are provided with the basic necessities such as kitchen items, sheets, towels and minimal furniture which is donated by the community. Clients are referred by staff to mainstream resources and there is a benefits specialist trained in SOAR. Clients are also encouraged to continue additional services and seek additional resources within the community.

Priority services are given to persons who meet the chronic homeless definition. CCS participates in the coordinated entry process which also includes case conferencing and use of the By Name List to establish priorities. The VI-SPDAT is used for initial engagement. Program staff have received training to administer the assessment.

2. Does your project have a specific population focus? No

3. Housing First

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

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

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

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

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.

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

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: 8

Total Beds: 8

Total Dedicated CH Beds: 2

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 8 | 8 |

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? 2

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:

Street 2:

City:

State: Arizona

ZIP Code:

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

049005 Coconino County, 040144 Flagstaff

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.

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

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

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | | | | | | | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|--------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | 3 | | 0 | 4 | 0 | 6 | 0 | 2 | 0 | 0 |
| Adults ages 18-24 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 3 | 0 | 0 | 4 | 0 | 6 | 0 | 2 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-------------------------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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.

| | |
|------|---|
| 75% | Directly from the street or other locations not meant for human habitation. |
| 25% | Directly from emergency shelters. |
| | Directly from safe havens. |
| 0% | Persons fleeing domestic violence. |
| | Directly from transitional housing eliminated in a previous CoC Program Competition. |
| | Directly from the TH Portion of a Joint TH and PH-RRH Component project. |
| | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program. |
| 100% | Total of above percentages |

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 | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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.

| Total Annual Assistance Requested: | | | \$94,438 |
|------------------------------------|-----------------------|-------------------------------|------------------------|
| Grant Term: | | | 1 Year |
| Total Request for Grant Term: | | | \$94,438 |
| Total Units: | | | 8 |
| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
| AZ - Flagstaff, A... | 8 | \$94,438 | \$94,438 |

Leased Units Budget Detail

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


Metropolitan or non-metropolitan AZ - Flagstaff, AZ MSA (0400599999)
fair market rent area:

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|--|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 8 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 8 | \$94,438 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$94,438 |

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: | \$1,436 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$1,436 |

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

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|------|------------|-----------------------|--------------------|----------------------|
| Yes | Cash | Government | Arizona Department... | 08/15/2018 | \$1,436 |

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:** Arizona Department of Housing
(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:** \$1,436

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.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$94,438 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$0 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$94,438 |
| 7. Admin (Up to 10%) | \$5,743 |
| 8. Total Assistance plus Admin Requested | \$100,181 |
| 9. Cash Match | \$1,436 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$1,436 |
| 12. Total Budget | \$101,617 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | CCS 501c3 | 10/19/2015 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 09/03/2018 |
| 3) Other Attachment | No | Code of Conduct | 09/03/2018 |

Attachment Details

Document Description: CCS 501c3

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

Attachment Details

Document Description: Code of Conduct

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 Karia Basta

Date: 09/04/2018

Title: Special Needs Administrator

Applicant Organization: Arizona Department of Housing

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

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 | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| 5C. Outreach | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input type="checkbox"/> |
| 6B. Leased Units | <input type="checkbox"/> |

| | |
|--|-------------------------------------|
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

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):

Flagstaff Pines will be part of a consolidation if approved. The four projects included are Cypress Grove, Flagstaff Pines, Forward Step, and Sycamore Canyon. The project will be named Sycamore Canyon. Project description was updated, match was updated and attachments were updated. Updated congressional districts

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

| Page | Last Updated |
|--------------------------------|-------------------|
| 1A. SF-424 Application Type | 08/14/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2018 | Page 48 | 09/04/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1D. SF-424 Congressional District(s) | 09/03/2018 |
| 1E. SF-424 Compliance | 08/14/2018 |
| 1F. SF-424 Declaration | 08/14/2018 |
| 1G. HUD-2880 | 08/14/2018 |
| 1H. HUD-50070 | 08/14/2018 |
| 1I. Cert. Lobbying | 08/14/2018 |
| 1J. SF-LLL | 08/14/2018 |
| Recipient Performance | 08/14/2018 |
| Renewal Grant Consolidation | 08/14/2018 |
| 2A. Subrecipients | 09/04/2018 |
| 3A. Project Detail | 08/14/2018 |
| 3B. Description | 09/03/2018 |
| 3C. Dedicated Plus | 08/14/2018 |
| 4A. Services | 08/14/2018 |
| 4B. Housing Type | 08/14/2018 |
| 5A. Households | 08/14/2018 |
| 5B. Subpopulations | No Input Required |
| 5C. Outreach | 08/14/2018 |
| 6A. Funding Request | 08/14/2018 |
| 6B. Leased Units | 08/14/2018 |
| 6D. Match | 08/14/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/03/2018 |
| 7B. Certification | 08/14/2018 |
| Submission Without Changes | 09/04/2018 |

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: June 12, 2013

Person to Contact:

Roger Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your June 5, 2013, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2013*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2013* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

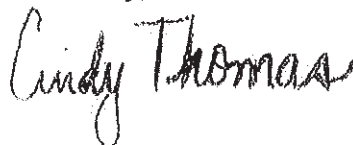
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

A handwritten signature in cursive script that reads "Cindy Thomas". The signature is written in dark ink and is positioned above the printed name and title.

Cindy Thomas
Manager, Exempt Organizations
Determinations

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|---|---|
| Applicant's (Organization) Name: | Catholic Charities Community Services, Inc. |
| Applicant's DUNS Name: | 078993326 |
| Federal Program: | U.S. Department of Housing and Urban Development NOFA--Continuum of Care |
| CFDA Number: | 14.267 |

- | | |
|--|--|
| <p>1. Has the applicant ever received a grant or contract from the Federal government?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the applicant a faith-based organization?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is the applicant a secular organization?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>4. Does the applicant have 501(c)(3) status?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>5. Is the applicant a local affiliate of a national organization?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. How many full-time equivalent employees does the applicant have? (Check only one box).</p> <p><input type="checkbox"/> 3 or fewer <input type="checkbox"/> 15-50</p> <p><input type="checkbox"/> 4-5 <input type="checkbox"/> 51-100</p> <p><input type="checkbox"/> 6-14 <input checked="" type="checkbox"/> over 100</p> <p>7. What is the size of the applicant's annual budget? (Check only one box.)</p> <p><input type="checkbox"/> Less Than \$150,000</p> <p><input type="checkbox"/> \$150,000 - \$299,999</p> <p><input type="checkbox"/> \$300,000 - \$499,999</p> <p><input type="checkbox"/> \$500,000 - \$999,999</p> <p><input type="checkbox"/> \$1,000,000 - \$4,999,999</p> <p><input checked="" type="checkbox"/> \$5,000,000 or more</p> |
|--|--|

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.



Catholic Charities
Community Services



Helping our community's most vulnerable with solutions that permanently improve lives

Statement of Standards of Conduct Procedures

Catholic Charities currently has in place policies and procedures that comply with the HUD guidelines regarding a standard of conduct. These guidelines prohibit the acceptance of gifts or gratuities (other than token gifts of little monetary value) and outline disciplinary action for failure to abide by the procedures.

All staff must sign off on a receipt of policies and procedures upon hire and whenever the procedures are updated. A copy of this receipt is kept in their personnel file.

Catholic Charities Community Services
4747 N. 7th Ave
Phoenix, AZ 85013
602-650-4815
Lisa DeGroodt, Director of Human Resources



Catholic Charities
Community Services



Code of Ethics

Catholic Charities embraces the following ethical principles:

Support for the sanctity and dignity of human life; preference for serving the neediest and most vulnerable members of the community in the allocation of limited resources;

Guaranteeing to all persons served:

- the right to confidentiality and privacy;
- the right to informed consent and participation in decisions about services;
- the right to refuse treatment or participation in clinical trials or research;
- the right to file grievances in accordance with agency procedures;

Assurance that Catholic Charities follows practices, which:

- guarantee the integrity of decisions made about care and that those decisions are based solely on the diagnostic and treatment needs of the individual or family;
- guarantee accountability for all its fiscal and or business operations and;
- guarantee means of resolving differences in a timely manner with regard to care and/or treatment decisions.

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 2017 Project Application will be imported into the FY 2018 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 2018 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: 09/04/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0126

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: Arizona Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6004791

| | | | | |
|--|--------------------------------|-----------|---------------|------|
| | c. Organizational DUNS: | 086704488 | PLUS 4 | 2818 |
|--|--------------------------------|-----------|---------------|------|

d. Address

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name: Special Needs Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Ditmore

Suffix:

Title: Director

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1007

Extension:
Fax Number: (602) 771-1002
Email: carol.ditmore@azhousing.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-6200-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Forward Step

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
(for multiple selections hold CTRL key)

b. Project: AZ-004, AZ-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 02/01/2019

b. End Date: 01/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Arizona Department of Housing

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1085

Extension:

Email: Karia.Basta@azhousing.gov

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85007

2. Employer ID Number (EIN): 86-6004791

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$87,373.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Forward Step 1110 West Washington Suite 280
Phoenix Arizona

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a | Social Security No. | Type of | Financial Interest | Financial Interest |
|---|---------------------|---------|--------------------|--------------------|
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| reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation | in Project/Activity (\$) | in Project/Activity (%) |
|---|--------------------|---------------|-----------------------------|----------------------------|
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Department of Housing

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; | |

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

X

accurate. ☐

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

Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Arizona Department of Housing

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 09/04/2018

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Arizona Department of Housing

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

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 Grant Consolidation Screen


HUD encourages the consolidation of renewal grants. As part of the FY 2018 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) 2019, as confirmed on the FY 2018 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 2018 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 2018 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: \$87,373

| Organization | Type | Type | Sub-Award Amount |
|---|------------------------------------|------------------------------------|------------------|
| Catholic Charities Community Services, Inc. | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$87,373 |

2A. Project Subrecipients Detail

a. Organization Name: Catholic Charities Community Services, Inc.

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

c. Employer or Tax Identification Number: 86-0223999

| | | | | |
|--|----------------------------------|-----------|---------------|--|
| | * d. Organizational DUNS: | 045990645 | PLUS 4 | |
|--|----------------------------------|-----------|---------------|--|

e. Physical Address

Street 1: 2101 N. Fourth St.

Street 2:

City: Flagstaff

State: Arizona

Zip Code: 86004

f. Congressional District(s): AZ-004, AZ-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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: \$87,373

j. Contact Person

Prefix: Ms.

First Name: Sandi

Middle Name:

Last Name: Flores

Suffix:

Title: Program Manager

E-mail Address: sflores@cc-az.org

Confirm E-mail Address: sflores@cc-az.org

Phone Number: 928-699-2289

Extension:

Fax Number: 928-774-0697

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:** AZ0126

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

2a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

2b. CoC Collaborative Applicant Name: Arizona Department of Housing

3. Project Name: Forward Step

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. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

Forward Steps provides permanent supportive housing for Individuals who are experiencing homelessness and have a HUD qualifying disability, these units are dedicated specifically for persons experiencing chronic homelessness. Catholic Charities is part of community wide Coordinated Entry (CE) which is designed as a "no wrong door" approach and utilizes the VI-SPDAT to determine housing prioritization. Program staff are trained in administering the VI-SPDAT and entering data into the HMIS Coordinated Entry Site. All housing placements come through coordinated entry, case conferencing and the By Name List. Additional input is provided from the PATH Program, local emergency shelters, local behavioral health agencies and other community housing partners. Case Conferencing is done with behavioral health providers, Shelter staff, and other community Housing Partners. Clients are further assessed and housed in the most appropriate program using a Housing First approach. Clients are referred by staff to mainstream resources and there is a benefits specialist trained in SOAR. Catholic Charities is trained in and provides housing based case management services in conjunction with behavioral health case managers as well as property management services and financial literacy education. All units are provided with the basic necessities such as kitchen items, sheets, towels and minimal furniture, donated by the community. Housing Case Managers are assisting clients in seeking additional services and appropriate resources, including next step permanent housing solutions. The Continuum of Care Housing funding is leveraged in part by behavioral health funding for wrap around and behavioral health supportive services.

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

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

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

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

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

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.

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

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: 9

Total Beds: 10

Total Dedicated CH Beds: 10

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 9 | 10 |

4B. Housing Type and Location Detail

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

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

a. Units: 9

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: 2101 N. 4th St.

Street 2:

City: Flagstaff

State: Arizona

ZIP Code: 86004

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

040348 Prescott, 049025 Yavapai 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.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households | 2 | 6 | | 8 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 2 | 6 | | 8 |
| Adults ages 18-24 | 0 | 0 | | 0 |
| Accompanied Children under age 18 | 2 | | 0 | 2 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 4 | 6 | 0 | 10 |

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

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | 0 | 0 | 0 | 0 | 2 | 0 | | 0 | 0 |
| Adults ages 18-24 | | 0 | | | | | | | 0 | 0 |
| Children under age 18 | 0 | | | | 0 | 0 | 0 | 0 | 0 | 2 |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|--------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | 0 | | 2 | 2 | 0 | 6 | 1 | 5 | 0 | 0 |
| Adults ages 18-24 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 0 | 0 | 2 | 2 | 0 | 6 | 1 | 5 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |

| | | | | | | | | | | |
|-------------------------------------|---|--|--|---|---|---|---|---|---|---|
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

Some children do not have specific condition.

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.

| | |
|------|---|
| 80% | Directly from the street or other locations not meant for human habitation. |
| 20% | Directly from emergency shelters. |
| | Directly from safe havens. |
| 0% | Persons fleeing domestic violence. |
| 100% | Total of above percentages |

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 | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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.

| Total Annual Assistance Requested: | | \$82,161 | |
|------------------------------------|-----------------------|-------------------------------|------------------------|
| Grant Term: | | 1 Year | |
| Total Request for Grant Term: | | \$82,161 | |
| Total Units: | | 8 | |
| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
| AZ - Prescott, AZ... | 8 | \$82,161 | \$82,161 |

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: AZ - Prescott, AZ MSA (0402599999)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|---|------------------------|---------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 8 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 8 | \$82,161 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$82,161 |

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: | \$1,303 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$1,303 |

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

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|------|------------|-----------------------|--------------------|----------------------|
| Yes | Cash | Government | Arizona Department... | 08/15/2018 | \$1,303 |

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: Arizona Department of Housing.
(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: \$1,303

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.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$82,161 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$0 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$82,161 |
| 7. Admin (Up to 10%) | \$5,212 |
| 8. Total Assistance plus Admin Requested | \$87,373 |
| 9. Cash Match | \$1,303 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$1,303 |
| 12. Total Budget | \$88,676 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | CCS Flagstaff 501c3 | 01/27/2014 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 08/14/2018 |
| 3) Other Attachment | No | Code of Conduct | 09/03/2018 |

Attachment Details

Document Description: CCS Flagstaff 501c3

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

Attachment Details

Document Description: Code of Conduct

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 Karia Basta

Date: 09/04/2018

Title: Special Needs Administrator

Applicant Organization: Arizona Department of Housing

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

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 | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| 5C. Outreach | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input type="checkbox"/> |
| 6B. Leased Units | <input type="checkbox"/> |

| | |
|--|--|
| 6D. Match | <input checked="checked" type="checkbox"/> |
| 6E. Summary Budget | <input type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="checked" type="checkbox"/> |
| 7B. Certification | <input checked="checked" type="checkbox"/> |

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):

Forward Step will be part of a consolidation if approved. The four projects included are Cypress Grove, Flagstaff Pines, Forward Step, and Sycamore Canyon. The project will be named Sycamore Canyon. Project description updated, match updated, and attachments updated. Congressional districts 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

| Page | Last Updated |
|--------------------------------|-------------------|
| 1A. SF-424 Application Type | 08/14/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2018 | Page 49 | 09/04/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1D. SF-424 Congressional District(s) | 09/03/2018 |
| 1E. SF-424 Compliance | 08/14/2018 |
| 1F. SF-424 Declaration | 08/14/2018 |
| 1G. HUD-2880 | 08/14/2018 |
| 1H. HUD-50070 | 08/14/2018 |
| 1I. Cert. Lobbying | 08/14/2018 |
| 1J. SF-LLL | 08/14/2018 |
| Recipient Performance | 08/14/2018 |
| Renewal Grant Consolidation | 08/14/2018 |
| 2A. Subrecipients | 09/04/2018 |
| 3A. Project Detail | 08/14/2018 |
| 3B. Description | 09/03/2018 |
| 3C. Dedicated Plus | 08/14/2018 |
| 4A. Services | 08/14/2018 |
| 4B. Housing Type | 08/14/2018 |
| 5A. Households | 08/14/2018 |
| 5B. Subpopulations | 08/14/2018 |
| 5C. Outreach | 08/14/2018 |
| 6A. Funding Request | 08/14/2018 |
| 6B. Leased Units | 08/14/2018 |
| 6D. Match | 08/14/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/14/2018 |
| 7B. Certification | 08/14/2018 |
| Submission Without Changes | 09/04/2018 |

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: June 12, 2013

Person to Contact:

Roger Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your June 5, 2013, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2013*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2013* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

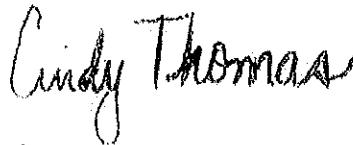
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

A handwritten signature in cursive script that reads "Cindy Thomas". The signature is written in dark ink and is positioned above the printed name and title.

Cindy Thomas
Manager, Exempt Organizations
Determinations

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|---|---|
| Applicant's (Organization) Name: | Catholic Charities Community Services, Inc. |
| Applicant's DUNS Name: | 078993326 |
| Federal Program: | U.S. Department of Housing and Urban Development NOFA--Continuum of Care |
| CFDA Number: | 14.267 |

- | | |
|--|--|
| <p>1. Has the applicant ever received a grant or contract from the Federal government?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the applicant a faith-based organization?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is the applicant a secular organization?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>4. Does the applicant have 501(c)(3) status?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>5. Is the applicant a local affiliate of a national organization?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. How many full-time equivalent employees does the applicant have? (Check only one box).</p> <p><input type="checkbox"/> 3 or fewer <input type="checkbox"/> 15-50</p> <p><input type="checkbox"/> 4-5 <input type="checkbox"/> 51-100</p> <p><input type="checkbox"/> 6-14 <input checked="" type="checkbox"/> over 100</p> <p>7. What is the size of the applicant's annual budget? (Check only one box.)</p> <p><input type="checkbox"/> Less Than \$150,000</p> <p><input type="checkbox"/> \$150,000 - \$299,999</p> <p><input type="checkbox"/> \$300,000 - \$499,999</p> <p><input type="checkbox"/> \$500,000 - \$999,999</p> <p><input type="checkbox"/> \$1,000,000 - \$4,999,999</p> <p><input checked="" type="checkbox"/> \$5,000,000 or more</p> |
|--|--|

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.



Catholic Charities
Community Services



Helping our community's most vulnerable with solutions that permanently improve lives

Statement of Standards of Conduct Procedures

Catholic Charities currently has in place policies and procedures that comply with the HUD guidelines regarding a standard of conduct. These guidelines prohibit the acceptance of gifts or gratuities (other than token gifts of little monetary value) and outline disciplinary action for failure to abide by the procedures.

All staff must sign off on a receipt of policies and procedures upon hire and whenever the procedures are updated. A copy of this receipt is kept in their personnel file.

Catholic Charities Community Services
4747 N. 7th Ave
Phoenix, AZ 85013
602-650-4815
Lisa DeGroodt, Director of Human Resources



Catholic Charities
Community Services



Code of Ethics

Catholic Charities embraces the following ethical principles:

Support for the sanctity and dignity of human life; preference for serving the neediest and most vulnerable members of the community in the allocation of limited resources;

Guaranteeing to all persons served:

- the right to confidentiality and privacy;
- the right to informed consent and participation in decisions about services;
- the right to refuse treatment or participation in clinical trials or research;
- the right to file grievances in accordance with agency procedures;

Assurance that Catholic Charities follows practices, which:

- guarantee the integrity of decisions made about care and that those decisions are based solely on the diagnostic and treatment needs of the individual or family;
- guarantee accountability for all its fiscal and or business operations and;
- guarantee means of resolving differences in a timely manner with regard to care and/or treatment decisions.

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 2017 Project Application will be imported into the FY 2018 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 2018 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: 09/04/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0004

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: Arizona Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6004791

| | | | | |
|--|--------------------------------|-----------|---------------|------|
| | c. Organizational DUNS: | 086704488 | PLUS 4 | 2818 |
|--|--------------------------------|-----------|---------------|------|

d. Address

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name: Special Needs Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Ditmore

Suffix:

Title: Director

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1007

Extension:
Fax Number: (602) 771-1002
Email: carol.ditmore@azhousing.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-6200-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: NARBHA-PSH

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
(for multiple selections hold CTRL key)

b. Project: AZ-004, AZ-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Arizona Department of Housing

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1085

Extension:

Email: Karia.Basta@azhousing.gov

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85007

2. Employer ID Number (EIN): 86-6004791

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$144,345.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: NARBHA-PSH 1110 West Washington Suite 280
Phoenix Arizona

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a | Social Security No. | Type of | Financial Interest | Financial Interest |
|---|---------------------|---------|--------------------|--------------------|
| Renewal Project Application FY2018 | | Page 10 | | 09/04/2018 |

| reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation | in Project/Activity (\$) | in Project/Activity (%) |
|---|--------------------|---------------|-----------------------------|----------------------------|
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 08/13/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Department of Housing

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; | |

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

X

accurate. ☐

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

Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Arizona Department of Housing

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 09/04/2018

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Arizona Department of Housing

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

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 Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 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) 2019, as confirmed on the FY 2018 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 2018 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 2018 funding.

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: \$144,345

| Organization | Type | Type | Sub-Award Amount |
|---|------------------------------------|------------------------------------|------------------|
| Catholic Charities Community Services, Inc. | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$144,345 |

2A. Project Subrecipients Detail

a. Organization Name: Catholic Charities Community Services, Inc.

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

c. Employer or Tax Identification Number: 86-0223999

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 045990645 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 2101 N. Fourth St.

Street 2:

City: Flagstaff

State: Arizona

Zip Code: 86004

f. Congressional District(s): AZ-004, AZ-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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: \$144,345

j. Contact Person

Prefix: Ms.

First Name: Sandi

Middle Name:

Last Name: Flores

Suffix:

Title: Program Manager

E-mail Address: sflores@cc-az.org

Confirm E-mail Address: sflores@cc-az.org

Phone Number: 928-699-2289

Extension:

Fax Number: 928-774-0697

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:** AZ0004

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

2a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

2b. CoC Collaborative Applicant Name: Arizona Department of Housing

3. Project Name: NARBHA-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. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

NARBHA PSH (Aspen View) Housing provides permanent supportive housing for individuals and families who are experiencing homelessness and have a HUD qualifying disability in Yavapai or Coconino County. Catholic Charities is part of community wide Coordinated Entry (CE) which is designed as a "no wrong door" approach and utilizes the VI-SPDAT to determine housing prioritization. Program staff are trained in administering the VI-SPDAT and entering data into the HMIS Coordinated Entry Site. All Housing placements Result from case conferencing and the By Name List. Participating agencies include the PATH Program, local emergency shelters, local behavioral health agencies and other community housing partners. Case Conferencing is done with behavioral health providers, shelter staff, and other community housing partners. Clients are further assessed and housed in the most appropriate program using a Housing First approach. Clients are referred by staff to mainstream resources and there is a benefits specialist trained in SOAR. Catholic Charities is trained in and provides housing focused case management services in conjunction with behavioral health case managers as well as property management services and financial literacy education. All units are provided with the basic necessities such as kitchen items, sheets, towels and minimal furniture, donated by the community. Housing Case Managers are assisting clients in seeking additional services and appropriate resources, including next step permanent housing solutions.

Partners include Flagstaff Medical Center, Southwest Behavioral Health, The Guidance Center, West Yavapai Guidance Clinic, Goodwill, Arizona Department of Economic Security, the Veterans' Resource Center and Northern Arizona Housing Solutions.

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

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

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

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

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

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.

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

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: 24

Total Dedicated CH Beds: 3

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 15 | 24 |

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: 24

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

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: 2101 N. Fourth St.

Street 2:

City: Flagstaff

State: Arizona

ZIP Code: 86004

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

040348 Prescott, 049005 Coconino County,
049015 Mohave County, 040144 Flagstaff,
049025 Yavapai County, 049001 Apache
County, 049017 Navajo 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.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households | 3 | 12 | | 15 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 3 | 12 | | 15 |
| Adults ages 18-24 | 1 | 2 | | 3 |
| Accompanied Children under age 18 | 6 | | 0 | 6 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 10 | 14 | 0 | 24 |

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

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | 3 | | | | | | | | | |
| Adults ages 18-24 | | | | | | | | | | 1 |
| Children under age 18 | | | | | | | | | | 6 |
| Total Persons | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|--------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | 0 | | 1 | 8 | 1 | 7 | 3 | 1 | 0 | 0 |
| Adults ages 18-24 | | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 0 | 0 | 1 | 10 | 1 | 7 | 3 | 1 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |

| | | | | | | | | | | |
|-------------------------------------|---|--|--|---|---|---|---|---|---|---|
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

Not all adults and children have conditions listed.

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.

| | |
|------|---|
| 70% | Directly from the street or other locations not meant for human habitation. |
| 30% | Directly from emergency shelters. |
| | Directly from safe havens. |
| 0% | Persons fleeing domestic violence. |
| | Directly from transitional housing eliminated in a previous CoC Program Competition. |
| | Directly from the TH Portion of a Joint TH and PH-RRH Component project. |
| | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program. |
| 100% | Total of above percentages |

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 | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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.

| Total Annual Assistance Requested: | | | \$137,304 |
|------------------------------------|-----------------------|-------------------------------|------------------------|
| Grant Term: | | | 1 Year |
| Total Request for Grant Term: | | | \$137,304 |
| Total Units: | | | 12 |
| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
| AZ - Flagstaff, A... | 4 | \$73,016 | \$73,016 |
| AZ - Lake Havasu ... | 2 | \$16,072 | \$16,072 |
| AZ - Prescott, AZ... | 4 | \$32,144 | \$32,144 |
| AZ - Apache Count... | 1 | \$8,036 | \$8,036 |
| AZ - Navajo Count... | 1 | \$8,036 | \$8,036 |

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: AZ - Flagstaff, AZ MSA (0400599999)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|---|------------------------|---------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 4 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 4 | \$73,016 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$73,016 |

Click the 'Save' button to automatically calculate totals.

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: AZ - Lake Havasu City-Kingman, AZ MSA (0401599999)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|--|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 2 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 2 | \$16,072 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$16,072 |

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

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

Metropolitan or non-metropolitan AZ - Prescott, AZ MSA (0402599999)
fair market rent area:

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|---------------|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 4 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |

| | | |
|---|---|----------|
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 4 | \$32,144 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$32,144 |

Click the 'Save' button to automatically calculate totals.

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: AZ - Apache County, AZ (0400199999)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|---|------------------------|---------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 1 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 1 | \$8,036 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$8,036 |

Click the 'Save' button to automatically calculate totals.

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: AZ - Navajo County, AZ (0401799999)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|---|------------------------|---------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 1 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 1 | \$8,036 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$8,036 |

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: | \$1,760 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$1,760 |

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

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|------|------------|-----------------------|--------------------|----------------------|
| Yes | Cash | Government | Arizona Department... | 08/15/2018 | \$1,760 |

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:** Arizona Department of Housing
(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:** \$1,760

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.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$137,304 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$0 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$137,304 |
| 7. Admin (Up to 10%) | \$7,041 |
| 8. Total Assistance plus Admin Requested | \$144,345 |
| 9. Cash Match | \$1,760 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$1,760 |
| 12. Total Budget | \$146,105 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | CCS 501c3 | 10/19/2015 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 08/13/2018 |
| 3) Other Attachment | No | Code of Conduct | 09/03/2018 |

Attachment Details

Document Description: CCS 501c3

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

Attachment Details

Document Description: Code of Conduct

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 Karia Basta

Date: 09/04/2018

Title: Special Needs Administrator

Applicant Organization: Arizona Department of Housing

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

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 | <input type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| 5C. Outreach | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input type="checkbox"/> |
| 6B. Leased Units | <input type="checkbox"/> |

| | |
|--|--|
| 6D. Match | <input checked="checked" type="checkbox"/> |
| 6E. Summary Budget | <input type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="checked" type="checkbox"/> |
| 7B. Certification | <input checked="checked" type="checkbox"/> |

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):

NARBHA-PSH is proposed to be part of a consolidation with Northern Sky. If successful, the project will be consolidated under Northern Sky. Project detail was updated. Attachments were 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

| Page | Last Updated |
|--------------------------------|-------------------|
| 1A. SF-424 Application Type | 08/13/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2018 | Page 52 | 09/04/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1D. SF-424 Congressional District(s) | 09/04/2018 |
| 1E. SF-424 Compliance | 08/13/2018 |
| 1F. SF-424 Declaration | 08/13/2018 |
| 1G. HUD-2880 | 08/13/2018 |
| 1H. HUD-50070 | 08/13/2018 |
| 1I. Cert. Lobbying | 08/13/2018 |
| 1J. SF-LLL | 08/13/2018 |
| Recipient Performance | 08/13/2018 |
| Renewal Grant Consolidation | 08/13/2018 |
| 2A. Subrecipients | 08/13/2018 |
| 3A. Project Detail | 08/13/2018 |
| 3B. Description | 09/03/2018 |
| 3C. Dedicated Plus | 08/13/2018 |
| 4A. Services | 08/13/2018 |
| 4B. Housing Type | 08/13/2018 |
| 5A. Households | 08/13/2018 |
| 5B. Subpopulations | 08/13/2018 |
| 5C. Outreach | 08/13/2018 |
| 6A. Funding Request | 08/13/2018 |
| 6B. Leased Units | 08/13/2018 |
| 6D. Match | 08/13/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/13/2018 |
| 7B. Certification | 08/13/2018 |
| Submission Without Changes | 08/13/2018 |

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: June 12, 2013

Person to Contact:

Roger Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your June 5, 2013, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2013*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2013* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

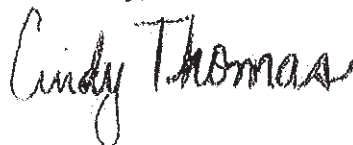
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

A handwritten signature in cursive script that reads "Cindy Thomas". The signature is written in dark ink and is positioned above the printed name and title.

Cindy Thomas
Manager, Exempt Organizations
Determinations

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|----------------------------------|---|
| Applicant's (Organization) Name: | Catholic Charities Community Services, Inc. |
| Applicant's DUNS Name: | 078993326 |
| Federal Program: | U.S. Department of Housing and Urban Development NOFA--Continuum of Care |
| CFDA Number: | 14.267 |

1. Has the applicant ever received a grant or contract from the Federal government?

☒ Yes ☐ No

2. Is the applicant a faith-based organization?

☒ Yes ☐ No

3. Is the applicant a secular organization?

☐ Yes ☒ No

4. Does the applicant have 501(c)(3) status?

☒ Yes ☐ No

5. Is the applicant a local affiliate of a national organization?

☒ Yes ☐ No

6. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or fewer ☐ 15-50
☐ 4-5 ☐ 51-100
☐ 6-14 ☒ over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less Than \$150,000
☐ \$150,000 - \$299,999
☐ \$300,000 - \$499,999
☐ \$500,000 - \$999,999
☐ \$1,000,000 - \$4,999,999
☒ \$5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.



Catholic Charities
Community Services



Helping our community's most vulnerable with solutions that permanently improve lives

Statement of Standards of Conduct Procedures

Catholic Charities currently has in place policies and procedures that comply with the HUD guidelines regarding a standard of conduct. These guidelines prohibit the acceptance of gifts or gratuities (other than token gifts of little monetary value) and outline disciplinary action for failure to abide by the procedures.

All staff must sign off on a receipt of policies and procedures upon hire and whenever the procedures are updated. A copy of this receipt is kept in their personnel file.

Catholic Charities Community Services
4747 N. 7th Ave
Phoenix, AZ 85013
602-650-4815
Lisa DeGroodt, Director of Human Resources



Catholic Charities
Community Services



Code of Ethics

Catholic Charities embraces the following ethical principles:

Support for the sanctity and dignity of human life; preference for serving the neediest and most vulnerable members of the community in the allocation of limited resources;

Guaranteeing to all persons served:

- the right to confidentiality and privacy;
- the right to informed consent and participation in decisions about services;
- the right to refuse treatment or participation in clinical trials or research;
- the right to file grievances in accordance with agency procedures;

Assurance that Catholic Charities follows practices, which:

- guarantee the integrity of decisions made about care and that those decisions are based solely on the diagnostic and treatment needs of the individual or family;
- guarantee accountability for all its fiscal and or business operations and;
- guarantee means of resolving differences in a timely manner with regard to care and/or treatment decisions.

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 2017 Project Application will be imported into the FY 2018 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 2018 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: 09/04/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0109

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: Arizona Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6004791

| | | | | |
|--|--------------------------------|-----------|---------------|------|
| | c. Organizational DUNS: | 086704488 | PLUS 4 | 2818 |
|--|--------------------------------|-----------|---------------|------|

d. Address

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name: Special Needs Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Ditmore

Suffix:

Title: Director

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1007

Applicant: Arizona Department of Housing

86-6004791

Project: Northern Sky Consolidated

168468

Extension:

Fax Number: (602) 771-1002

Email: carol.ditmore@azhousing.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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Northern Sky Consolidated

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
(for multiple selections hold CTRL key)

b. Project: AZ-004, AZ-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2019

b. End Date: 03/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Arizona Department of Housing

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1085

Extension:

Email: Karia.Basta@azhousing.gov

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85007

2. Employer ID Number (EIN): 86-6004791

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$430,360.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity:

Northern Sky Consolidated 1110 West Washington Suite 280 Phoenix Arizona

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a | Social Security No. | Type of | Financial Interest | Financial Interest |
|---|---------------------|---------|--------------------|--------------------|
| Renewal Project Application FY2018 | | Page 10 | | 09/04/2018 |

| reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation | in Project/Activity (\$) | in Project/Activity (%) |
|---|--------------------|---------------|-----------------------------|----------------------------|
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Department of Housing

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; | |

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

X

accurate. ☐

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

Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Arizona Department of Housing

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 09/04/2018

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Arizona Department of Housing

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

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 Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 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) 2019, as confirmed on the FY 2018 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 2018 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

| Project Identification Number PIN | Total Requested Amount | Surviving PIN or Terminating PIN | Operating Start Date | Expiration Date |
|--------------------------------------|------------------------|----------------------------------|----------------------|-----------------|
| AZ0109 | \$286,015 | Surviving PIN | 04/30/2019 | 03/31/2020 |
| AZ0004 | \$144,345 | Terminating PIN | 10/01/2019 | 09/30/2020 |
| | | | | |
| | | | | |

***The surviving PIN must have the earliest operating start date.**

Renewal Grant Consolidation Summary

| | |
|---|-----------|
| Total Number of Grants in Consolidation | 2 |
| Total Requested Amount in Consolidation | \$430,360 |



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 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: \$430,360

| Organization | Type | Type | Sub-Award Amount |
|---|------------------------------------|------------------------------------|------------------|
| Catholic Charities Community Services, Inc. | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$430,360 |

2A. Project Subrecipients Detail

a. Organization Name: Catholic Charities Community Services, Inc.

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

c. Employer or Tax Identification Number: 86-0223999

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 078993326 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 2101 N. Fourth St.

Street 2:

City: Flagstaff

State: Arizona

Zip Code: 86004

f. Congressional District(s): AZ-004, AZ-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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: \$430,360

j. Contact Person

Prefix: Ms.

First Name: Sandi

Middle Name:

Last Name: Flores

Suffix:

Title: Program Manager

E-mail Address: sflores@cc-az.org

Confirm E-mail Address: sflores@cc-az.org

Phone Number: 928-699-2289

Extension:

Fax Number: 928-774-0697

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:** AZ0109

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

2a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

2b. CoC Collaborative Applicant Name: Arizona Department of Housing

3. Project Name: Northern Sky Consolidated

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. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

Northern Sky provides permanent supportive housing for families and/or individuals who are experiencing homelessness and have a HUD qualifying disability. Of the 38 units, 21 are dedicated specifically for chronically homeless individuals. Catholic Charities is part of community wide Coordinated Entry (CE) which is designed as a "no wrong door" approach and utilizes the VI-SPDAT to determine housing prioritization. Program staff are trained in administering the VI-SPDAT and entering data into the HMIS Coordinated Entry Site. All Housing placements come through case conferencing and the By Name List which includes input from the PATH Program, local emergency shelters, local behavioral health agencies and other community housing partners. Case Conferencing is done with behavioral health providers, Shelter staff, and other community Housing Partners and a "by name" list is in the process of being created. Clients are further assessed and housed in the most appropriate program using a Housing First approach. Clients are referred by staff to mainstream resources and there is a benefits specialist trained in SOAR. Catholic Charities is trained in and provides housing focused case management services in conjunction with behavioral health case managers as well as property management services and financial literacy education. All units are provided with the basic necessities such as kitchen items, sheets, towels and minimal furniture, donated by the community. Housing Case Managers are assisting clients in seeking additional services and appropriate resources, including next step permanent housing solutions. The Continuum of Care Housing funding is leveraged in part by community based wrap around and behavioral health supportive services.

Partners include Flagstaff Medical Center, Southwest Behavioral Health, The Guidance Center, West Yavapai Guidance Clinic, Goodwill, Arizona Department of Economic Security, the Veterans' Resource Center and Northern Arizona Housing Solutions.

2. Does your project have a specific population focus? No

3. Housing First

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

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

Having too little or little income

☒

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

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

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.**

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

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



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

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

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

Total Units: 38

Total Beds: 66

Total Dedicated CH Beds: 21

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 38 | 66 |

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: 38

b. Beds: 66

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 21

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: 2101 N 4TH ST

Street 2:

City: FLAGSTAFF

State: Arizona

ZIP Code: 86004

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

040348 Prescott, 049005 Coconino County,
049015 Mohave County, 040144 Flagstaff,
049025 Yavapai County, 049001 Apache
County, 049017 Navajo County

5A. Project Participants - Households

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households | 11 | 27 | | 38 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 14 | 31 | | 45 |
| Adults ages 18-24 | 3 | 3 | | 6 |
| Accompanied Children under age 18 | 15 | | 0 | 15 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 32 | 34 | 0 | 66 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represent ed by listed subpopu lations |
|-----------------------|--|--|--|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | 3 | 1 | 0 | 6 | 0 | 4 | 1 | | 1 | 5 |
| Adults ages 18-24 | | 1 | | | | 2 | | | 0 | 1 |
| Children under age 18 | 0 | | | | 0 | 0 | 0 | | 0 | 15 |
| Total Persons | 3 | 2 | 0 | 6 | 0 | 6 | 1 | 0 | 1 | 21 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represent ed by listed subpopu lations |
|----------------------|--|--|--|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | 18 | | 1 | 10 | 1 | 21 | 7 | 5 | 0 | 0 |
| Adults ages 18-24 | | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 |
| Total Persons | 18 | 0 | 1 | 12 | 1 | 22 | 7 | 5 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represent ed by listed subpopu lations |
|-------------------------------------|--|--|--|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

Some adults and children have no specific condition.

5C. Outreach for Participants

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

| | |
|------|---|
| 50% | Directly from the street or other locations not meant for human habitation. |
| 50% | Directly from emergency shelters. |
| | Directly from safe havens. |
| 0% | Persons fleeing domestic violence. |
| | Directly from transitional housing eliminated in a previous CoC Program Competition. |
| | Directly from the TH Portion of a Joint TH and PH-RRH Component project. |
| | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program. |
| 100% | Total of above percentages |

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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

4. Renewal Grant Term: 1 Year

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

| | |
|---------------------|-------------------------------------|
| Leased Units | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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.

| Total Annual Assistance Requested: | | | \$406,781 |
|------------------------------------|-----------------------|-------------------------------|------------------------|
| Grant Term: | | | 1 Year |
| Total Request for Grant Term: | | | \$406,781 |
| Total Units: | | | 35 |
| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
| AZ - Flagstaff, A... | 27 | \$342,493 | \$342,493 |
| AZ - Lake Havasu ... | 2 | \$16,072 | \$16,072 |
| AZ - Prescott, AZ... | 4 | \$32,144 | \$32,144 |
| AZ - Apache Count... | 1 | \$8,036 | \$8,036 |
| AZ - Navajo Count... | 1 | \$8,036 | \$8,036 |

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: AZ - Flagstaff, AZ MSA (0400599999)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|---|------------------------|---------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 19 | |
| 2 Bedroom | 4 | |
| 3 Bedroom | 4 | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 27 | \$342,493 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$342,493 |

Click the 'Save' button to automatically calculate totals.

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: AZ - Lake Havasu City-Kingman, AZ MSA (0401599999)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|--|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 2 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 2 | \$16,072 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$16,072 |

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

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

Metropolitan or non-metropolitan AZ - Prescott, AZ MSA (0402599999)
fair market rent area:

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|---------------|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 4 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |

| | | |
|---|---|----------|
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 4 | \$32,144 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$32,144 |

Click the 'Save' button to automatically calculate totals.

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: AZ - Apache County, AZ (0400199999)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|---|------------------------|---------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 1 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 1 | \$8,036 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$8,036 |

Click the 'Save' button to automatically calculate totals.

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: AZ - Navajo County, AZ (0401799999)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|--|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 1 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 1 | \$8,036 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$8,036 |

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: | \$5,895 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$5,895 |

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

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|------|------------|-----------------------|--------------------|----------------------|
| Yes | Cash | Government | Arizona Department... | 08/15/2018 | \$5,895 |

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: Arizona Department of Housing
(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: \$5,895

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 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.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$406,781 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$0 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$406,781 |
| 7. Admin (Up to 10%) | \$23,579 |
| 8. Total Assistance plus Admin Requested | \$430,360 |
| 9. Cash Match | \$5,895 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$5,895 |
| 12. Total Budget | \$436,255 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | CCS Flagstaff 501c3 | 01/28/2014 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 08/14/2018 |
| 3) Other Attachment | No | Code of Conduct | 09/03/2018 |

Attachment Details

Document Description: CCS Flagstaff 501c3

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

Attachment Details

Document Description: Code of Conduct

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 Karia Basta

Date: 09/04/2018

Title: Special Needs Administrator

Applicant Organization: Arizona Department of Housing

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

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 | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input checked="" type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input checked="" type="checkbox"/> |
| 4B. Housing Type | <input checked="" type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input checked="" type="checkbox"/> |
| 5B. Subpopulations | <input checked="" type="checkbox"/> |
| 5C. Outreach | <input checked="" type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6B. Leased Units | <input checked="" type="checkbox"/> |

| | |
|--|-------------------------------------|
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

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):

This is a request for consolidation of Northern Sky and NARBHA PSH. If approved the consolidated project will be named Northern Sky. As a result, the project description was changed, housing services and participants were updated, budget was updated, match was updated and attachments were 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

| Page | Last Updated |
|--------------------------------|-------------------|
| 1A. SF-424 Application Type | 08/14/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2018 | Page 51 | 09/04/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1D. SF-424 Congressional District(s) | 09/03/2018 |
| 1E. SF-424 Compliance | 08/14/2018 |
| 1F. SF-424 Declaration | 08/14/2018 |
| 1G. HUD-2880 | 08/14/2018 |
| 1H. HUD-50070 | 08/14/2018 |
| 1I. Cert. Lobbying | 08/14/2018 |
| 1J. SF-LLL | 08/14/2018 |
| Recipient Performance | 08/14/2018 |
| Renewal Grant Consolidation | 08/14/2018 |
| 2A. Subrecipients | 09/04/2018 |
| 3A. Project Detail | 08/14/2018 |
| 3B. Description | 09/03/2018 |
| 3C. Dedicated Plus | 08/14/2018 |
| 4A. Services | 08/14/2018 |
| 4B. Housing Type | 09/03/2018 |
| 5A. Households | 08/14/2018 |
| 5B. Subpopulations | 08/14/2018 |
| 5C. Outreach | 08/14/2018 |
| 6A. Funding Request | 08/14/2018 |
| 6B. Leased Units | 08/14/2018 |
| 6D. Match | 08/14/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/14/2018 |
| 7B. Certification | 08/14/2018 |
| Submission Without Changes | 08/14/2018 |

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: June 12, 2013

Person to Contact:

Roger Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your June 5, 2013, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2013*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2013* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

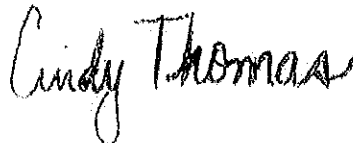
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

A handwritten signature in cursive script that reads "Cindy Thomas". The signature is written in dark ink and is positioned above the printed name and title.

Cindy Thomas
Manager, Exempt Organizations
Determinations

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|----------------------------------|---|
| Applicant's (Organization) Name: | Catholic Charities Community Services, Inc. |
| Applicant's DUNS Name: | 078993326 |
| Federal Program: | U.S. Department of Housing and Urban Development NOFA--Continuum of Care |
| CFDA Number: | 14.267 |

- | | |
|--|--|
| 1. Has the applicant ever received a grant or contract from the Federal government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 5. Is the applicant a local affiliate of a national organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is the applicant a faith-based organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6. How many full-time equivalent employees does the applicant have? (Check only one box). <input type="checkbox"/> 3 or fewer <input type="checkbox"/> 15-50 <input type="checkbox"/> 4-5 <input type="checkbox"/> 51-100 <input type="checkbox"/> 6-14 <input checked="" type="checkbox"/> over 100 |
| 3. Is the applicant a secular organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 7. What is the size of the applicant's annual budget? (Check only one box.) <input type="checkbox"/> Less Than \$150,000 <input type="checkbox"/> \$150,000 - \$299,999 <input type="checkbox"/> \$300,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> \$1,000,000 - \$4,999,999 <input checked="" type="checkbox"/> \$5,000,000 or more |
| 4. Does the applicant have 501(c)(3) status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.



Catholic Charities
Community Services



Helping our community's most vulnerable with solutions that permanently improve lives

Statement of Standards of Conduct Procedures

Catholic Charities currently has in place policies and procedures that comply with the HUD guidelines regarding a standard of conduct. These guidelines prohibit the acceptance of gifts or gratuities (other than token gifts of little monetary value) and outline disciplinary action for failure to abide by the procedures.

All staff must sign off on a receipt of policies and procedures upon hire and whenever the procedures are updated. A copy of this receipt is kept in their personnel file.

Catholic Charities Community Services
4747 N. 7th Ave
Phoenix, AZ 85013
602-650-4815
Lisa DeGroodt, Director of Human Resources



Catholic Charities
Community Services



Code of Ethics

Catholic Charities embraces the following ethical principles:

Support for the sanctity and dignity of human life; preference for serving the neediest and most vulnerable members of the community in the allocation of limited resources;

Guaranteeing to all persons served:

- the right to confidentiality and privacy;
- the right to informed consent and participation in decisions about services;
- the right to refuse treatment or participation in clinical trials or research;
- the right to file grievances in accordance with agency procedures;

Assurance that Catholic Charities follows practices, which:

- guarantee the integrity of decisions made about care and that those decisions are based solely on the diagnostic and treatment needs of the individual or family;
- guarantee accountability for all its fiscal and or business operations and;
- guarantee means of resolving differences in a timely manner with regard to care and/or treatment decisions.

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 2017 Project Application will be imported into the FY 2018 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 2018 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: 09/04/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0109

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: Arizona Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6004791

| | | | | |
|--|--------------------------------|-----------|---------------|------|
| | c. Organizational DUNS: | 086704488 | PLUS 4 | 2818 |
|--|--------------------------------|-----------|---------------|------|

d. Address

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name: Special Needs Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Ditmore

Suffix:

Title: Director

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1007

Applicant: Arizona Department of Housing
Project: Northern Sky Original

86-6004791
160389

Extension:
Fax Number: (602) 771-1002
Email: carol.ditmore@azhousing.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-6200-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Northern Sky Original

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
(for multiple selections hold CTRL key)

b. Project: AZ-004, AZ-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2019

b. End Date: 03/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Arizona Department of Housing

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1085

Extension:

Email: Karia.Basta@azhousing.gov

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85007

2. Employer ID Number (EIN): 86-6004791

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$286,015.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Northern Sky Original 1110 West Washington Suite 280 Phoenix Arizona

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a | Social Security No. | Type of | Financial Interest | Financial Interest |
|---|---------------------|---------|--------------------|--------------------|
| Renewal Project Application FY2018 | | Page 10 | | 09/04/2018 |

| reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation | in Project/Activity (\$) | in Project/Activity (%) |
|---|--------------------|---------------|-----------------------------|----------------------------|
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Department of Housing

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; | |

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

X

accurate. ☐

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

Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Arizona Department of Housing

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 09/04/2018

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Arizona Department of Housing

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

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 Grant Consolidation Screen



HUD encourages the consolidation of renewal grants. As part of the FY 2018 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) 2019, as confirmed on the FY 2018 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 2018 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 2018 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: \$286,015

| Organization | Type | Type | Sub-Award Amount |
|---|------------------------------------|------------------------------------|------------------|
| Catholic Charities Community Services, Inc. | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$286,015 |

2A. Project Subrecipients Detail

a. Organization Name: Catholic Charities Community Services, Inc.

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

c. Employer or Tax Identification Number: 86-0223999

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 078993326 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 2101 N. Fourth St.

Street 2:

City: Flagstaff

State: Arizona

Zip Code: 86004

f. Congressional District(s): AZ-004, AZ-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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: \$286,015

j. Contact Person

Prefix: Ms.

First Name: Sandi

Middle Name:

Last Name: Flores

Suffix:

Title: Program Manager

E-mail Address: sflores@cc-az.org

Confirm E-mail Address: sflores@cc-az.org

Phone Number: 928-699-2289

Extension:

Fax Number: 928-774-0697

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:** AZ0109

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

2a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

2b. CoC Collaborative Applicant Name: Arizona Department of Housing

3. Project Name: Northern Sky Original

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. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

Northern Sky provides permanent supportive housing for families and/or individuals who are experiencing homelessness and have a HUD qualifying disability in Yavapai and Coconino Counties. Eighteen of these units are dedicated specifically for chronically homeless individuals. Catholic Charities is part of community wide Coordinated Entry (CE) which is designed as a "no wrong door" approach and utilizes the VI-SPDAT to determine housing prioritization. Program staff are trained in administering the VI-SPDAT and entering data into the HMIS Coordinated Entry Site. All Housing placements come through case conferencing and review of the By Name List, which receives data input from the PATH Program, local emergency shelters, local behavioral health agencies and other community housing partners. Case Conferencing is done with behavioral health providers, Shelter staff, and other community Housing Partners and a "by name" list is in the process of being created. Clients are further assessed and housed in the most appropriate program using a Housing First approach. Clients are referred by staff to mainstream resources and there is a benefits specialist trained in SOAR. Catholic Charities is trained in and provides Housing Based Case Management services in conjunction with behavioral health case managers as well as property management services and financial literacy education. All units are provided with the basic necessities such as kitchen items, sheets, towels and minimal furniture, donated by the community. Housing Case Managers are assisting clients in seeking additional services and appropriate resources, including next step permanent housing solutions.

Partners include Flagstaff Medical Center, Southwest Behavioral Health, The Guidance Center, West Yavapai Guidance Clinic, Goodwill, Arizona Department of Economic Security, the Veterans' Resource Center and Northern Arizona Housing Solutions.

2. Does your project have a specific population focus? No

3. Housing First

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

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

Having too little or little income

☒

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

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

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.**

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

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



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

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

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

Total Units: 23

Total Beds: 42

Total Dedicated CH Beds: 18

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 23 | 42 |

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: 42

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: 2101 N 4TH ST

Street 2:

City: FLAGSTAFF

State: Arizona

ZIP Code: 86004

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

049005 Coconino County, 040144 Flagstaff

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.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households | 8 | 15 | | 23 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 11 | 19 | | 30 |
| Adults ages 18-24 | 2 | 1 | | 3 |
| Accompanied Children under age 18 | 9 | | 0 | 9 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 22 | 20 | 0 | 42 |

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

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | 1 | 0 | 6 | 0 | 4 | 1 | | 1 | 5 |
| Adults ages 18-24 | | 1 | | | | 2 | | | 0 | 0 |
| Children under age 18 | 0 | | | | 0 | 0 | 0 | | 0 | 9 |
| Total Persons | 0 | 2 | 0 | 6 | 0 | 6 | 1 | 0 | 1 | 14 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|--------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | 18 | | 0 | 2 | 0 | 14 | 4 | 4 | 0 | 0 |
| Adults ages 18-24 | | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Total Persons | 18 | 0 | 0 | 2 | 0 | 15 | 4 | 4 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |

| | | | | | | | | | | |
|-------------------------------------|---|--|--|---|---|---|---|---|---|---|
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

Some adults and children have no specific condition.

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.

| | |
|------|---|
| 50% | Directly from the street or other locations not meant for human habitation. |
| 50% | Directly from emergency shelters. |
| | Directly from safe havens. |
| 0% | Persons fleeing domestic violence. |
| | Directly from transitional housing eliminated in a previous CoC Program Competition. |
| | Directly from the TH Portion of a Joint TH and PH-RRH Component project. |
| | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program. |
| 100% | Total of above percentages |

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 | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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.

| Total Annual Assistance Requested: | | \$269,477 | |
|------------------------------------|-----------------------|-------------------------------|------------------------|
| Grant Term: | | 1 Year | |
| Total Request for Grant Term: | | \$269,477 | |
| Total Units: | | 23 | |
| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
| AZ - Flagstaff, A... | 23 | \$269,477 | \$269,477 |

Leased Units Budget Detail

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


Metropolitan or non-metropolitan AZ - Flagstaff, AZ MSA (0400599999)
fair market rent area:

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|--|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 15 | |
| 2 Bedroom | 4 | |
| 3 Bedroom | 4 | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 23 | \$269,477 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$269,477 |

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: | \$4,135 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$4,135 |

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

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|------|------------|-----------------------|--------------------|----------------------|
| Yes | Cash | Government | Arizona Department... | 08/15/2018 | \$4,135 |

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:** Arizona Department of Housing
(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:** \$4,135

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.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$269,477 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$0 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$269,477 |
| 7. Admin (Up to 10%) | \$16,538 |
| 8. Total Assistance plus Admin Requested | \$286,015 |
| 9. Cash Match | \$4,135 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$4,135 |
| 12. Total Budget | \$290,150 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | CCS Flagstaff 501c3 | 01/28/2014 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 08/14/2018 |
| 3) Other Attachment | No | EEO Survey | 09/17/2017 |

Attachment Details

Document Description: CCS Flagstaff 501c3

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

Attachment Details

Document Description: EEO Survey

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 Karia Basta

Date: 09/04/2018

Title: Special Needs Administrator

Applicant Organization: Arizona Department of Housing

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

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 | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input checked="" type="checkbox"/> |
| 4B. Housing Type | <input checked="" type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| 5C. Outreach | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input type="checkbox"/> |
| 6B. Leased Units | <input type="checkbox"/> |

| | |
|--|-------------------------------------|
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

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):

Northern Sky is part of a consolidation request with NARBHA-PSH. If approved the consolidated project will be named Northern Sky. Project description updated and match information updated. Attachments revised. Congressional districts 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

| Page | Last Updated |
|--------------------------------|-------------------|
| 1A. SF-424 Application Type | 08/14/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2018 | Page 48 | 09/04/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1D. SF-424 Congressional District(s) | 09/04/2018 |
| 1E. SF-424 Compliance | 08/14/2018 |
| 1F. SF-424 Declaration | 08/14/2018 |
| 1G. HUD-2880 | 08/14/2018 |
| 1H. HUD-50070 | 08/14/2018 |
| 1I. Cert. Lobbying | 08/14/2018 |
| 1J. SF-LLL | 08/14/2018 |
| Recipient Performance | 08/14/2018 |
| Renewal Grant Consolidation | 08/14/2018 |
| 2A. Subrecipients | 09/04/2018 |
| 3A. Project Detail | 08/14/2018 |
| 3B. Description | 09/03/2018 |
| 3C. Dedicated Plus | 08/14/2018 |
| 4A. Services | 08/14/2018 |
| 4B. Housing Type | 08/14/2018 |
| 5A. Households | 08/14/2018 |
| 5B. Subpopulations | 08/14/2018 |
| 5C. Outreach | 08/14/2018 |
| 6A. Funding Request | 08/14/2018 |
| 6B. Leased Units | 08/14/2018 |
| 6D. Match | 08/14/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/14/2018 |
| 7B. Certification | 08/14/2018 |
| Submission Without Changes | 09/04/2018 |

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: June 12, 2013

Person to Contact:

Roger Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your June 5, 2013, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2013*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2013* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

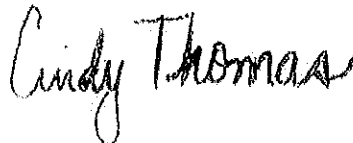
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

A handwritten signature in cursive script that reads "Cindy Thomas". The signature is written in dark ink and is positioned above the printed name and title.

Cindy Thomas
Manager, Exempt Organizations
Determinations

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|---|---|
| Applicant's (Organization) Name: | Catholic Charities Community Services, Inc. |
| Applicant's DUNS Name: | 078993326 |
| Federal Program: | U.S. Department of Housing and Urban Development NOFA--Continuum of Care |
| CFDA Number: | 14.267 |

1. Has the applicant ever received a grant or contract from the Federal government?

☒ Yes ☐ No

2. Is the applicant a faith-based organization?

☒ Yes ☐ No

3. Is the applicant a secular organization?

☐ Yes ☒ No

4. Does the applicant have 501(c)(3) status?

☒ Yes ☐ No

5. Is the applicant a local affiliate of a national organization?

☒ Yes ☐ No

6. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or fewer ☐ 15-50
☐ 4-5 ☐ 51-100
☐ 6-14 ☒ over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less Than \$150,000
☐ \$150,000 - \$299,999
☐ \$300,000 - \$499,999
☐ \$500,000 - \$999,999
☐ \$1,000,000 - \$4,999,999
☒ \$5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|----------------------------------|--|
| Applicant's (Organization) Name: | Catholic Charities Community Services, Inc. |
| Applicant's DUNS Name: | 078993326 |
| Federal Program: | U.S. Department of Housing and Urban Development, NOFA FY 2017 Continuum of Care FR-6100-N-25 |
| CFDA Number: | 14.267 |

1. Has the applicant ever received a grant or contract from the Federal government?
☒ Yes ☐ No
2. Is the applicant a faith-based organization?
☒ Yes ☐ No
3. Is the applicant a secular organization?
☐ Yes ☒ No
4. Does the applicant have 501(c)(3) status?
☒ Yes ☐ No
5. Is the applicant a local affiliate of a national organization?
☒ Yes ☐ No
6. How many full-time equivalent employees does the applicant have? (Check only one box).
☐ 3 or fewer ☐ 15-50
☐ 4-5 ☐ 51-100
☐ 6-14 ☒ over 100
7. What is the size of the applicant's annual budget? (Check only one box.)
☐ Less Than \$150,000
☐ \$150,000 - \$299,999
☐ \$300,000 - \$499,999
☐ \$500,000 - \$999,999
☐ \$1,000,000 - \$4,999,999
☒ \$5,000,000 or more

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 2017 Project Application will be imported into the FY 2018 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 2018 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: 09/04/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0174

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: Arizona Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6004791

| | | | | |
|--|--------------------------------|-----------|---------------|------|
| | c. Organizational DUNS: | 086704488 | PLUS 4 | 2818 |
|--|--------------------------------|-----------|---------------|------|

d. Address

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name: Special Needs Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Ditmore

Suffix:

Title: Director

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1007

Applicant: Arizona Department of Housing

86-6004791

Project: Sharon Manor RRH

160220

Extension:

Fax Number: (602) 771-1002

Email: carol.ditmore@azhousing.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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Sharon Manor RRH

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
(for multiple selections hold CTRL key)

b. Project: AZ-004, AZ-001
(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:

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Arizona Department of Housing

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1085

Extension:

Email: Karia.Basta@azhousing.gov

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85007

2. Employer ID Number (EIN): 86-6004791

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$75,344.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Sharon Manor RRH 1110 West Washington Suite 280 Phoenix Arizona

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a | Social Security No. | Type of | Financial Interest | Financial Interest |
|---|---------------------|---------|--------------------|--------------------|
| Renewal Project Application FY2018 | | Page 10 | | 09/04/2018 |

| reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation | in Project/Activity (\$) | in Project/Activity (%) |
|---|--------------------|---------------|-----------------------------|----------------------------|
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 08/13/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Department of Housing

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; | |

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

X

accurate. ☐

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

Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Arizona Department of Housing

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 09/04/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Arizona Department of Housing

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

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 Grant Consolidation Screen



HUD encourages the consolidation of renewal grants. As part of the FY 2018 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) 2019, as confirmed on the FY 2018 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 2018 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 2018 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: \$75,344

| Organization | Type | Type | Sub-Award Amount |
|---------------------------------------|------------------------------------|------|------------------|
| Catholic Charities Community Services | M. Nonprofit with 501C3 IRS Status | | \$75,344 |

2A. Project Subrecipients Detail

a. Organization Name: Catholic Charities Community Services

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

c. Employer or Tax Identification Number: 86-0223999

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 045990645 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 2101 N. 4th Street

Street 2:

City: Flagstaff

State: Arizona

Zip Code: 86004

f. Congressional District(s): AZ-004, AZ-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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: \$75,344

j. Contact Person

Prefix: Ms.

First Name: Sandi

Middle Name:

Last Name: Flores

Suffix:

Title: Program Manager

E-mail Address: sflores@cc-az.org

Confirm E-mail Address: sflores@cc-az.org

Phone Number: 928-699-2289

Extension:

Fax Number: 928-774-0697

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** AZ0174

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

2a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

2b. CoC Collaborative Applicant Name: Arizona Department of Housing

3. Project Name: Sharon Manor RRH

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

**7. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

The Sharon Manor Rapid Rehousing project (SMRR) is a scattered site project. Five households are served at any point in time. SMRR follows a Housing First model to serve individuals and families with a history of domestic violence who are experiencing homelessness. We are working with homeless domestic violence households to identify permanent housing, providing necessary financial assistance to enable the households to access and maintain housing, as well as voluntary support services to help the households build self-sufficiency and maintain housing. Rapid Rehousing through this contract is being provided in Coconino County and is administered by Catholic Charities, which has experience delivering rapid rehousing programs and the utilization of coordinated entry, case conferencing and the use of the By Name List to set priorities.

Sharon Manor staff have experience working with homeless victims of domestic violence to meet long-term housing needs and build self-sufficiency and will continue to provide necessary case management to ensure clients DV services are retained. The program will serve homeless individuals and families coming directly from the streets or emergency shelters, and with a priority for serving persons fleeing domestic violence situations.

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

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

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

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

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

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.

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

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: 5

Total Beds: 9

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 5 | 9 |

4B. Housing Type and Location Detail

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

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

a. Units: 5

b. Beds: 9

3. Address

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

Street 1:

Street 2:

City:

State:

ZIP Code:

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

049005 Coconino County, 040144 Flagstaff

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.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households | 4 | 1 | | 5 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 3 | 1 | | 4 |
| Adults ages 18-24 | 1 | | | 1 |
| Accompanied Children under age 18 | 5 | | | 5 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 9 | 1 | 0 | 10 |

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

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | | | | | | 3 | | | |
| Adults ages 18-24 | | | | | | | 1 | | | |
| Children under age 18 | | | | | | | | | | 5 |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 5 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|--------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | | | | | | 1 | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |

| | | | | | | | | | | |
|-------------------------------------|---|--|--|---|---|---|---|---|---|---|
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

Children don't fit into specific categories

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.

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

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 | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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](#).

| Total Request for Grant Term: | | \$49,380 | |
|-------------------------------|-------------------------------------|-----------------------|---------------|
| Total Units: | | 5 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | AZ - Flagstaff, AZ MSA (0400599999) | 5 | \$49,380 |

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Flagstaff, AZ MSA (0400599999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | HUD Paid Rent (Applicant) | | 12 Months | | Total Request (Applicant) |
|---|------------------------|---|----------------------|---------------------------|---|-----------|---|---------------------------|
| SRO | | x | \$528 | \$528 | x | | = | \$0 |
| 0 Bedroom | 2 | x | \$704 | \$704 | x | | = | \$16,896 |
| 1 Bedroom | 2 | x | \$835 | \$835 | x | | = | \$20,040 |
| 2 Bedrooms | 1 | x | \$1,037 | \$1,037 | x | | = | \$12,444 |
| 3 Bedrooms | | x | \$1,309 | \$1,309 | x | | = | \$0 |
| 4 Bedrooms | | x | \$1,551 | \$1,551 | x | | = | \$0 |
| 5 Bedrooms | | x | \$1,784 | \$1,784 | x | | = | \$0 |
| 6 Bedrooms | | x | \$2,016 | \$2,016 | x | | = | \$0 |
| 7 Bedrooms | | x | \$2,249 | \$2,249 | x | | = | \$0 |
| 8 Bedrooms | | x | \$2,482 | \$2,482 | x | | = | \$0 |
| 9 Bedrooms | | x | \$2,714 | \$2,714 | x | | = | \$0 |
| Total Units and Annual Assistance Requested | 5 | | | | | | | \$49,380 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$49,380 |

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: | \$18,836 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$18,836 |

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

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|------|------------|-----------------------|--------------------|----------------------|
| Yes | Cash | Government | Arizona Department... | 08/15/2018 | \$4,929 |
| Yes | Cash | Private | Catholic Charitie... | 08/15/2018 | \$13,907 |

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: Arizona Department of Housing
(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: \$4,929

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: Catholic Charities Community Services
(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: \$13,907

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 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.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$0 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$49,380 |
| 3. Supportive Services | \$20,753 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$70,133 |
| 7. Admin (Up to 10%) | \$5,211 |
| 8. Total Assistance plus Admin Requested | \$75,344 |
| 9. Cash Match | \$18,836 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$18,836 |
| 12. Total Budget | \$94,180 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Catholic Charitie... | 09/17/2017 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 08/13/2018 |
| 3) Other Attachment | No | Code of Conduct | 09/03/2018 |

Attachment Details

Document Description: Catholic Charities Community Services 501c3

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

Attachment Details

Document Description: Code of Conduct

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 Karia Basta

Date: 09/04/2018

Title: Special Needs Administrator

Applicant Organization: Arizona Department of Housing

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

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 | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| 5C. Outreach | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |

| | |
|--|-------------------------------------|
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

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):

Sharon Manor is part of a request for consolidation. If approved, Sharon Manor and Skypointe will be consolidated under Skypointe Consolidated. Budget updated based on GIW. 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

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | 08/13/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/03/2018 |
| Renewal Project Application FY2018 | Page 48 |
| | 09/04/2018 |

| | |
|------------------------------------|-------------------|
| 1E. SF-424 Compliance | 08/13/2018 |
| 1F. SF-424 Declaration | 08/13/2018 |
| 1G. HUD-2880 | 08/13/2018 |
| 1H. HUD-50070 | 08/13/2018 |
| 1I. Cert. Lobbying | 08/13/2018 |
| 1J. SF-LLL | 08/13/2018 |
| Recipient Performance | 08/13/2018 |
| Renewal Grant Consolidation | 08/13/2018 |
| 2A. Subrecipients | 09/04/2018 |
| 3A. Project Detail | 08/13/2018 |
| 3B. Description | 09/03/2018 |
| 4A. Services | 08/13/2018 |
| 4B. Housing Type | 08/13/2018 |
| 5A. Households | 08/13/2018 |
| 5B. Subpopulations | 08/13/2018 |
| 5C. Outreach | 08/13/2018 |
| 6A. Funding Request | 08/13/2018 |
| 6C. Rental Assistance | 08/13/2018 |
| 6D. Match | 08/13/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/03/2018 |
| 7B. Certification | 08/13/2018 |
| Submission Without Changes | 08/13/2018 |

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: June 12, 2013

Person to Contact:

Roger Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your June 5, 2013, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2013*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2013* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

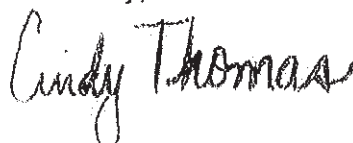
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

A handwritten signature in cursive script that reads "Cindy Thomas". The signature is written in dark ink and is positioned above the printed name and title.

Cindy Thomas
Manager, Exempt Organizations
Determinations

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|----------------------------------|---|
| Applicant's (Organization) Name: | Catholic Charities Community Services, Inc. |
| Applicant's DUNS Name: | 078993326 |
| Federal Program: | U.S. Department of Housing and Urban Development NOFA--Continuum of Care |
| CFDA Number: | 14.267 |

1. Has the applicant ever received a grant or contract from the Federal government?

☒ Yes ☐ No

2. Is the applicant a faith-based organization?

☒ Yes ☐ No

3. Is the applicant a secular organization?

☐ Yes ☒ No

4. Does the applicant have 501(c)(3) status?

☒ Yes ☐ No

5. Is the applicant a local affiliate of a national organization?

☒ Yes ☐ No

6. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or fewer ☐ 15-50
☐ 4-5 ☐ 51-100
☐ 6-14 ☒ over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less Than \$150,000
☐ \$150,000 - \$299,999
☐ \$300,000 - \$499,999
☐ \$500,000 - \$999,999
☐ \$1,000,000 - \$4,999,999
☒ \$5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.



Catholic Charities
Community Services



Helping our community's most vulnerable with solutions that permanently improve lives

Statement of Standards of Conduct Procedures

Catholic Charities currently has in place policies and procedures that comply with the HUD guidelines regarding a standard of conduct. These guidelines prohibit the acceptance of gifts or gratuities (other than token gifts of little monetary value) and outline disciplinary action for failure to abide by the procedures.

All staff must sign off on a receipt of policies and procedures upon hire and whenever the procedures are updated. A copy of this receipt is kept in their personnel file.

Catholic Charities Community Services
4747 N. 7th Ave
Phoenix, AZ 85013
602-650-4815
Lisa DeGroodt, Director of Human Resources



Catholic Charities
Community Services



Code of Ethics

Catholic Charities embraces the following ethical principles:

Support for the sanctity and dignity of human life; preference for serving the neediest and most vulnerable members of the community in the allocation of limited resources;

Guaranteeing to all persons served:

- the right to confidentiality and privacy;
- the right to informed consent and participation in decisions about services;
- the right to refuse treatment or participation in clinical trials or research;
- the right to file grievances in accordance with agency procedures;

Assurance that Catholic Charities follows practices, which:

- guarantee the integrity of decisions made about care and that those decisions are based solely on the diagnostic and treatment needs of the individual or family;
- guarantee accountability for all its fiscal and or business operations and;
- guarantee means of resolving differences in a timely manner with regard to care and/or treatment decisions.

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 2017 Project Application will be imported into the FY 2018 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 2018 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: 09/04/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0137

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: Arizona Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6004791

| | | | | |
|--|--------------------------------|-----------|---------------|------|
| | c. Organizational DUNS: | 086704488 | PLUS 4 | 2818 |
|--|--------------------------------|-----------|---------------|------|

d. Address

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name: Special Needs Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Ditmore

Suffix:

Title: Director

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1007

Applicant: Arizona Department of Housing
Project: Catholic Charities Skypointe Consolidated

86-6004791
160388

Extension:
Fax Number: (602) 771-1002
Email: carol.ditmore@azhousing.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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Catholic Charities Skypointe Consolidated

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
(for multiple selections hold CTRL key)

b. Project: AZ-004, AZ-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Arizona Department of Housing

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1085

Extension:

Email: Karia.Basta@azhousing.gov

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85007

2. Employer ID Number (EIN): 86-6004791

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$112,094.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Catholic Charities Skypointe Consolidated 1110 West Washington Suite 280 Phoenix Arizona

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a | Social Security No. | Type of | Financial Interest | Financial Interest |
|---|---------------------|---------|--------------------|--------------------|
| Renewal Project Application FY2018 | | Page 10 | | 09/04/2018 |

| reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation | in Project/Activity (\$) | in Project/Activity (%) |
|---|--------------------|---------------|-----------------------------|----------------------------|
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 08/12/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Department of Housing

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; | |

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

X

accurate. ☐

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

Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Arizona Department of Housing

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 09/04/2018

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Arizona Department of Housing

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

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 Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 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) 2019, as confirmed on the FY 2018 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 2018 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

| Project Identification Number PIN | Total Requested Amount | Surviving PIN or Terminating PIN | Operating Start Date | Expiration Date |
|--------------------------------------|------------------------|----------------------------------|----------------------|-----------------|
| AZ0137 | \$36,750 | Surviving PIN | 09/01/2019 | 08/31/2020 |
| AZ0174 | \$75,344 | Terminating PIN | 10/01/2019 | 09/30/2020 |
| | | | | |
| | | | | |

***The surviving PIN must have the earliest operating start date.**

Renewal Grant Consolidation Summary

| | |
|---|-----------|
| Total Number of Grants in Consolidation | 2 |
| Total Requested Amount in Consolidation | \$112,094 |


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 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: \$112,094

| Organization | Type | Type | Sub-Award Amount |
|---|------------------------------------|------------------------------------|------------------|
| Catholic Charities Community Services, Inc. | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$112,094 |

2A. Project Subrecipients Detail

a. Organization Name: Catholic Charities Community Services, Inc.

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

c. Employer or Tax Identification Number: 86-0223999

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 045990645 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 2101 N. Fourth St.

Street 2:

City: Flagstaff

State: Arizona

Zip Code: 86004

f. Congressional District(s): AZ-004, AZ-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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: \$112,094

j. Contact Person

Prefix: Ms.

First Name: Sandi

Middle Name:

Last Name: Flores

Suffix:

Title: Program Manager

E-mail Address: sflores@cc-az.org

Confirm E-mail Address: sflores@cc-az.org

Phone Number: 928-699-2289

Extension:

Fax Number: 928-774-0697

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:** AZ0137

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

2a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

2b. CoC Collaborative Applicant Name: Arizona Department of Housing

3. Project Name: Catholic Charities Skypointe Consolidated

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

**7. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

Skypointe provides 9 units of Rapid ReHousing for Individuals/families that are literally homeless in our community. Catholic Charities is part of community wide Coordinated Entry (CE) which is designed as a "no wrong door" approach and utilizes the VI-SPDAT to determine housing prioritization. Program staff are trained in administering the VI-SPDAT and entering data into the HMIS Coordinated Entry Site. All housing placements come through the coordinated entry, case conferencing, By Name List with information from the PATH Program, local emergency shelters, local behavioral health agencies and other community housing partners. Case conferencing is done with behavioral health providers, shelter staff, and other community housing partners. Clients are further assessed and housed in the most appropriate program using a Housing First approach. Clients are referred by staff to mainstream resources and there is a benefits specialist trained in SOAR. Catholic Charities is trained in and provides housing based case management services in conjunction with behavioral health case managers as well as financial literacy education. All units are provided with the basic necessities such as kitchen items, sheets, towels and minimal furniture, donated by the community. Housing case managers are assisting clients in seeking additional services and appropriate resources to ensure long term housing stability.

2. Does your project have a specific population focus? No

3. Housing First

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

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

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |

| | |
|-------------------|--------------------------|
| None of the above | <input type="checkbox"/> |
|-------------------|--------------------------|

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

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.**

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

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



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

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

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

Total Units: 9

Total Beds: 17

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 9 | 17 |

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: 17

3. Address

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

Street 1:

Street 2:

City:

State: Arizona

ZIP Code:

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

049005 Coconino County, 040144 Flagstaff

5A. Project Participants - Households

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households | 8 | 1 | | 9 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 7 | 1 | | 8 |
| Adults ages 18-24 | 1 | 0 | | 1 |
| Accompanied Children under age 18 | 9 | | 0 | 9 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 17 | 1 | 0 | 18 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------|--|--|--|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | 0 | 0 | 1 | 0 | 0 | 3 | | 0 | 3 |
| Adults ages 18-24 | | 0 | | | | | 1 | | 0 | 0 |
| Children under age 18 | 0 | | | | 0 | 0 | 0 | 0 | 0 | 9 |
| Total Persons | 0 | 0 | 0 | 1 | 0 | 0 | 4 | 0 | 0 | 12 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|--------------------|--|--|--|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | | | | | | 1 | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-------------------------------------|--|--|--|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

Some children and adults do not have specific conditions.

5C. Outreach for Participants

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

| | |
|------|---|
| 60% | Directly from the street or other locations not meant for human habitation. |
| 40% | Directly from emergency shelters. |
| | Directly from safe havens. |
| 0% | Persons fleeing domestic violence. |
| | Directly from transitional housing eliminated in a previous CoC Program Competition. |
| | Directly from the TH Portion of a Joint TH and PH-RRH Component project. |
| | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program. |
| 100% | Total of above percentages |

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes



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

4. Renewal Grant Term: 1 Year

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

| | |
|---------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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.

| Total Request for Grant Term: | | \$84,744 | |
|-------------------------------|-------------------------------------|-----------------------|---------------|
| Total Units: | | 9 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| N/A | AZ - Flagstaff, AZ MSA (0400599999) | 9 | \$84,744 |

Rental Assistance Budget Detail

Type of Rental Assistance: N/A

Metropolitan or non-metropolitan fair market rent area: AZ - Flagstaff, AZ MSA (0400599999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | HUD Paid Rent (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|------------------------|---|----------------------|---------------------------|---|-----------|---|---------------------------|
| SRO | | x | \$528 | \$528 | x | | = | \$0 |
| 0 Bedroom | 5 | x | \$704 | \$704 | x | | = | \$42,240 |
| 1 Bedroom | 3 | x | \$835 | \$835 | x | | = | \$30,060 |
| 2 Bedrooms | 1 | x | \$1,037 | \$1,037 | x | | = | \$12,444 |
| 3 Bedrooms | | x | \$1,309 | \$1,309 | x | | = | \$0 |
| 4 Bedrooms | | x | \$1,551 | \$1,551 | x | | = | \$0 |
| 5 Bedrooms | | x | \$1,784 | \$1,784 | x | | = | \$0 |
| 6 Bedrooms | | x | \$2,016 | \$2,016 | x | | = | \$0 |
| 7 Bedrooms | | x | \$2,249 | \$2,249 | x | | = | \$0 |
| 8 Bedrooms | | x | \$2,482 | \$2,482 | x | | = | \$0 |
| 9 Bedrooms | | x | \$2,714 | \$2,714 | x | | = | \$0 |
| Total Units and Annual Assistance Requested | 9 | | | | | | | \$84,744 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$84,744 |

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: | \$28,024 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$28,024 |

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

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|------|------------|----------------------|--------------------|----------------------|
| Yes | Cash | Government | Arizona Departmen... | 08/15/2018 | \$7,334 |
| Yes | Cash | Private | Catholic Charitie... | 09/05/2017 | \$20,690 |

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: Arizona Department of Housing
(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: \$7,334

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: Catholic Charities Community Services, Inc.
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/05/2017
6. Value of Written Commitment: \$20,690

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 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.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$0 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$84,744 |
| 3. Supportive Services | \$20,753 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$105,497 |
| 7. Admin (Up to 10%) | \$6,597 |
| 8. Total Assistance plus Admin Requested | \$112,094 |
| 9. Cash Match | \$28,024 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$28,024 |
| 12. Total Budget | \$140,118 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | CCS Flagstaff 501c3 | 01/27/2014 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 08/12/2018 |
| 3) Other Attachment | No | Code of Conduct | 09/03/2018 |

Attachment Details

Document Description: CCS Flagstaff 501c3

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

Attachment Details

Document Description: Code of Conduct

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 Karia Basta

Date: 09/04/2018

Title: Special Needs Administrator

Applicant Organization: Arizona Department of Housing

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

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 | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input checked="" type="checkbox"/> |
| 4B. Housing Type | <input checked="" type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input checked="" type="checkbox"/> |
| 5B. Subpopulations | <input checked="" type="checkbox"/> |
| 5C. Outreach | <input checked="" type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |

| | |
|--|-------------------------------------|
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

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):

Application is request to combine two projects--Sharon Manor RRH and Skypointe. As a result all items in the application are revised to reflect the proposed combined project. The combined project will retain the Skypointe project name.

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

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | 08/12/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/03/2018 |
| Renewal Project Application FY2018 | Page 47 |
| | 09/04/2018 |

| | |
|------------------------------------|-------------------|
| 1E. SF-424 Compliance | 08/12/2018 |
| 1F. SF-424 Declaration | 08/12/2018 |
| 1G. HUD-2880 | 08/12/2018 |
| 1H. HUD-50070 | 08/12/2018 |
| 1I. Cert. Lobbying | 08/12/2018 |
| 1J. SF-LLL | 08/12/2018 |
| Recipient Performance | 08/12/2018 |
| Renewal Grant Consolidation | 08/12/2018 |
| 2A. Subrecipients | 09/04/2018 |
| 3A. Project Detail | 08/12/2018 |
| 3B. Description | 09/03/2018 |
| 4A. Services | 08/12/2018 |
| 4B. Housing Type | 08/12/2018 |
| 5A. Households | 08/12/2018 |
| 5B. Subpopulations | 08/12/2018 |
| 5C. Outreach | 08/12/2018 |
| 6A. Funding Request | 08/12/2018 |
| 6C. Rental Assistance | 08/12/2018 |
| 6D. Match | 08/12/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/12/2018 |
| 7B. Certification | 08/12/2018 |
| Submission Without Changes | 08/12/2018 |

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: June 12, 2013

Person to Contact:

Roger Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your June 5, 2013, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2013*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2013* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

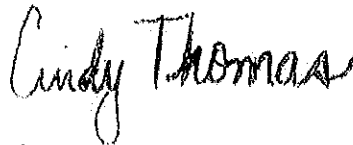
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

A handwritten signature in cursive script that reads "Cindy Thomas". The signature is written in dark ink and is positioned above the printed name and title.

Cindy Thomas
Manager, Exempt Organizations
Determinations

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|----------------------------------|---|
| Applicant's (Organization) Name: | Catholic Charities Community Services, Inc. |
| Applicant's DUNS Name: | 078993326 |
| Federal Program: | U.S. Department of Housing and Urban Development NOFA--Continuum of Care |
| CFDA Number: | 14.267 |

1. Has the applicant ever received a grant or contract from the Federal government?

☒ Yes ☐ No

2. Is the applicant a faith-based organization?

☒ Yes ☐ No

3. Is the applicant a secular organization?

☐ Yes ☒ No

4. Does the applicant have 501(c)(3) status?

☒ Yes ☐ No

5. Is the applicant a local affiliate of a national organization?

☒ Yes ☐ No

6. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or fewer ☐ 15-50
☐ 4-5 ☐ 51-100
☐ 6-14 ☒ over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less Than \$150,000
☐ \$150,000 - \$299,999
☐ \$300,000 - \$499,999
☐ \$500,000 - \$999,999
☐ \$1,000,000 - \$4,999,999
☒ \$5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.



Catholic Charities
Community Services



Helping our community's most vulnerable with solutions that permanently improve lives

Statement of Standards of Conduct Procedures

Catholic Charities currently has in place policies and procedures that comply with the HUD guidelines regarding a standard of conduct. These guidelines prohibit the acceptance of gifts or gratuities (other than token gifts of little monetary value) and outline disciplinary action for failure to abide by the procedures.

All staff must sign off on a receipt of policies and procedures upon hire and whenever the procedures are updated. A copy of this receipt is kept in their personnel file.

Catholic Charities Community Services
4747 N. 7th Ave
Phoenix, AZ 85013
602-650-4815
Lisa DeGroodt, Director of Human Resources



Catholic Charities
Community Services



Code of Ethics

Catholic Charities embraces the following ethical principles:

Support for the sanctity and dignity of human life; preference for serving the neediest and most vulnerable members of the community in the allocation of limited resources;

Guaranteeing to all persons served:

- the right to confidentiality and privacy;
- the right to informed consent and participation in decisions about services;
- the right to refuse treatment or participation in clinical trials or research;
- the right to file grievances in accordance with agency procedures;

Assurance that Catholic Charities follows practices, which:

- guarantee the integrity of decisions made about care and that those decisions are based solely on the diagnostic and treatment needs of the individual or family;
- guarantee accountability for all its fiscal and or business operations and;
- guarantee means of resolving differences in a timely manner with regard to care and/or treatment decisions.

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 2017 Project Application will be imported into the FY 2018 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 2018 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: 09/04/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0137

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: Arizona Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6004791

| | | | | |
|--|--------------------------------|-----------|---------------|------|
| | c. Organizational DUNS: | 086704488 | PLUS 4 | 2818 |
|--|--------------------------------|-----------|---------------|------|

d. Address

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name: Special Needs Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Ditmore

Suffix:

Title: Director

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1007

Applicant: Arizona Department of Housing
Project: Catholic Charities Skypointe original

86-6004791
168140

Extension:
Fax Number: (602) 771-1002
Email: carol.ditmore@azhousing.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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Catholic Charities Skypointe original

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
(for multiple selections hold CTRL key)

b. Project: AZ-004, AZ-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Arizona Department of Housing

Prefix: Ms.

First Name: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Organizational Affiliation: Arizona Department of Housing

Telephone Number: (602) 771-1085

Extension:

Email: Karia.Basta@azhousing.gov

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85007

2. Employer ID Number (EIN): 86-6004791

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$36,750.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Catholic Charities Skypointe original 1110 West Washington Suite 280 Phoenix Arizona

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a | Social Security No. | Type of | Financial Interest | Financial Interest |
|---|---------------------|---------|--------------------|--------------------|
| Renewal Project Application FY2018 | | Page 10 | | 09/04/2018 |

| reportable financial interest in the project or activity (For individuals, give the last name first) | or Employee ID No. | Participation | in Project/Activity (\$) | in Project/Activity (%) |
|---|--------------------|---------------|-----------------------------|----------------------------|
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |
| N/A | N/A | N/A | \$0.00 | 0% |

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 08/13/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Department of Housing

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; | |

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

X

accurate. ☐

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

Authorized Representative

Prefix: Ms.

First Name: Karia

Middle Name Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Arizona Department of Housing

Name / Title of Authorized Official: Karia Basta, Special Needs Administrator

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

Date Signed: 09/04/2018

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Arizona Department of Housing

Street 1: 1110 West Washington Suite 280

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

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: Karia

Middle Name: Lee

Last Name: Basta

Suffix:

Title: Special Needs Administrator

Telephone Number: (602) 771-1085
(Format: 123-456-7890)

Fax Number: (602) 771-1002
(Format: 123-456-7890)

Email: Karia.Basta@azhousing.gov

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

Date Signed: 09/04/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

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 Grant Consolidation Screen


HUD encourages the consolidation of renewal grants. As part of the FY 2018 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) 2019, as confirmed on the FY 2018 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 2018 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 2018 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: \$36,750

| Organization | Type | Type | Sub-Award Amount |
|---|------------------------------------|------------------------------------|------------------|
| Catholic Charities Community Services, Inc. | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$36,750 |

2A. Project Subrecipients Detail

a. Organization Name: Catholic Charities Community Services, Inc.

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

c. Employer or Tax Identification Number: 86-0223999

| | | | | |
|--|----------------------------------|-----------|---------------|--|
| | * d. Organizational DUNS: | 045990645 | PLUS 4 | |
|--|----------------------------------|-----------|---------------|--|

e. Physical Address

Street 1: 2101 N. Fourth St.

Street 2:

City: Flagstaff

State: Arizona

Zip Code: 86004

f. Congressional District(s): AZ-004, AZ-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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: \$36,750

j. Contact Person

Prefix: Ms.

First Name: Sandi

Middle Name:

Last Name: Flores

Suffix:

Title: Program Manager

E-mail Address: sflores@cc-az.org

Confirm E-mail Address: sflores@cc-az.org

Phone Number: 928-699-2289

Extension:

Fax Number: 928-774-0697

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:** AZ0137

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

2a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

2b. CoC Collaborative Applicant Name: Arizona Department of Housing

3. Project Name: Catholic Charities Skypointe original

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

**7. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

Skypointe provides Rapid ReHousing for individuals/families that are literally homeless in our community. Catholic Charities is part of community wide Coordinated Entry (CE) which is designed as a "no wrong door" approach and utilizes the VI-SPDAT to determine housing prioritization. Program staff are trained in administering the VI-SPDAT and entering data into the HMIS Coordinated Entry Site. All housing placements come through the process of coordinated entry, case conferencing and the use of a By Name List, as well as, information from the PATH Program, local emergency shelters, local behavioral health agencies and other community housing partners. Case conferencing is done with behavioral health providers, shelter staff, and other community housing partners. Clients are further assessed and housed in the most appropriate program using a Housing First approach. Clients are referred by staff to mainstream resources and there is a benefits specialist trained in SOAR. Catholic Charities is trained in and provides Housing Based Case Management services in conjunction with behavioral health case managers as well as financial literacy education. All units are provided with the basic necessities such as kitchen items, sheets, towels and minimal furniture, donated by the community. Housing Case Managers are assisting clients in seeking additional services and appropriate resources to ensure long term housing stability.

2. Does your project have a specific population focus? No

3. Housing First

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

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

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |

| | |
|-------------------|--------------------------|
| None of the above | <input type="checkbox"/> |
|-------------------|--------------------------|

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

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.**

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

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

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

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

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the 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: 4

Total Beds: 8

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 4 | 8 |

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: 8

3. Address

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

Street 1:

Street 2:

City:

State: Arizona

ZIP Code:

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

049005 Coconino County, 040144 Flagstaff

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.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households | 4 | | | 4 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 4 | 0 | | 4 |
| Adults ages 18-24 | 0 | 0 | | 0 |
| Accompanied Children under age 18 | 4 | | 0 | 4 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 8 | 0 | 0 | 8 |

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

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-----------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | 0 | 0 | 1 | 0 | 0 | 0 | | 0 | 3 |
| Adults ages 18-24 | | 0 | | | | | | | 0 | 0 |
| Children under age 18 | 0 | | | | 0 | 0 | 0 | 0 | 0 | 4 |
| Total Persons | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 7 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|--------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | | | | | | | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represen ted by listed subpopu lations |
|-------------------------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

Some children and adults do not have specific conditions.

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.

| | |
|------|---|
| 60% | Directly from the street or other locations not meant for human habitation. |
| 40% | Directly from emergency shelters. |
| | Directly from safe havens. |
| 0% | Persons fleeing domestic violence. |
| | Directly from transitional housing eliminated in a previous CoC Program Competition. |
| | Directly from the TH Portion of a Joint TH and PH-RRH Component project. |
| | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program. |
| 100% | Total of above percentages |

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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

4. Renewal Grant Term: 1 Year

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

| | |
|---------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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.

| Total Request for Grant Term: | | \$35,364 | |
|-------------------------------|-------------------------------------|-----------------------|---------------|
| Total Units: | | 4 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| N/A | AZ - Flagstaff, AZ MSA (0400599999) | 4 | \$35,364 |

Rental Assistance Budget Detail

Type of Rental Assistance: N/A

Metropolitan or non-metropolitan fair market rent area: AZ - Flagstaff, AZ MSA (0400599999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | HUD Paid Rent (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|------------------------|---|----------------------|---------------------------|---|-----------|---|---------------------------|
| SRO | | x | \$528 | \$528 | x | | = | \$0 |
| 0 Bedroom | 3 | x | \$704 | \$704 | x | | = | \$25,344 |
| 1 Bedroom | 1 | x | \$835 | \$835 | x | | = | \$10,020 |
| 2 Bedrooms | | x | \$1,037 | \$1,037 | x | | = | \$0 |
| 3 Bedrooms | | x | \$1,309 | \$1,309 | x | | = | \$0 |
| 4 Bedrooms | | x | \$1,551 | \$1,551 | x | | = | \$0 |
| 5 Bedrooms | | x | \$1,784 | \$1,784 | x | | = | \$0 |
| 6 Bedrooms | | x | \$2,016 | \$2,016 | x | | = | \$0 |
| 7 Bedrooms | | x | \$2,249 | \$2,249 | x | | = | \$0 |
| 8 Bedrooms | | x | \$2,482 | \$2,482 | x | | = | \$0 |
| 9 Bedrooms | | x | \$2,714 | \$2,714 | x | | = | \$0 |
| Total Units and Annual Assistance Requested | 4 | | | | | | | \$35,364 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$35,364 |

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: | \$9,188 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$9,188 |

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

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|------|------------|----------------------|--------------------|----------------------|
| Yes | Cash | Government | Arizona Departmen... | 08/15/2018 | \$2,405 |
| Yes | Cash | Private | Catholic Charitie... | 08/15/2018 | \$6,783 |

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: Arizona Department of Housing
(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: \$2,405

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: Catholic Charities Community Services, Inc.
(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: \$6,783

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 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.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$0 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$35,364 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$35,364 |
| 7. Admin (Up to 10%) | \$1,386 |
| 8. Total Assistance plus Admin Requested | \$36,750 |
| 9. Cash Match | \$9,188 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$9,188 |
| 12. Total Budget | \$45,938 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | CCS Flagstaff 501c3 | 01/27/2014 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 08/13/2018 |
| 3) Other Attachment | No | Code of Conduct | 09/03/2018 |

Attachment Details

Document Description: CCS Flagstaff 501c3

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

Attachment Details

Document Description: Code of Conduct

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 Karia Basta

Date: 09/04/2018

Title: Special Needs Administrator

Applicant Organization: Arizona Department of Housing

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

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 | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input checked="" type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| 5C. Outreach | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input type="checkbox"/> |
| 6C. Rental Assistance | <input type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |

| | |
|--|--|
| 6E. Summary Budget | <input checked="checked" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="checked" type="checkbox"/> |
| 7B. Certification | <input checked="checked" type="checkbox"/> |

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):

Updated application based on it being part of a consolidated application. CCS Skypointe and Sharon Manor, if approved, will be consolidated into Skypointe Consolidated. Amount updated based on GIW. 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

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | 08/13/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/03/2018 |
| Renewal Project Application FY2018 | Page 47 |
| | 09/04/2018 |

| | |
|------------------------------------|-------------------|
| 1E. SF-424 Compliance | 08/13/2018 |
| 1F. SF-424 Declaration | 08/13/2018 |
| 1G. HUD-2880 | 08/13/2018 |
| 1H. HUD-50070 | 08/13/2018 |
| 1I. Cert. Lobbying | 08/13/2018 |
| 1J. SF-LLL | 08/13/2018 |
| Recipient Performance | 08/13/2018 |
| Renewal Grant Consolidation | 08/13/2018 |
| 2A. Subrecipients | 09/04/2018 |
| 3A. Project Detail | 08/13/2018 |
| 3B. Description | 09/03/2018 |
| 4A. Services | 08/13/2018 |
| 4B. Housing Type | 08/13/2018 |
| 5A. Households | 08/13/2018 |
| 5B. Subpopulations | 08/13/2018 |
| 5C. Outreach | 08/13/2018 |
| 6A. Funding Request | 08/13/2018 |
| 6C. Rental Assistance | 08/13/2018 |
| 6D. Match | 08/13/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/13/2018 |
| 7B. Certification | 08/13/2018 |
| Submission Without Changes | 08/13/2018 |

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: June 12, 2013

Person to Contact:

Roger Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your June 5, 2013, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2013*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2013* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

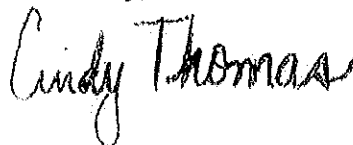
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

A handwritten signature in black ink that reads "Cindy Thomas". The script is cursive and fluid, with the first letters of each word being capitalized and prominent.

Cindy Thomas
Manager, Exempt Organizations
Determinations

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| | |
|----------------------------------|---|
| Applicant's (Organization) Name: | Catholic Charities Community Services, Inc. |
| Applicant's DUNS Name: | 078993326 |
| Federal Program: | U.S. Department of Housing and Urban Development NOFA--Continuum of Care |
| CFDA Number: | 14.267 |

1. Has the applicant ever received a grant or contract from the Federal government?

☒ Yes ☐ No

2. Is the applicant a faith-based organization?

☒ Yes ☐ No

3. Is the applicant a secular organization?

☐ Yes ☒ No

4. Does the applicant have 501(c)(3) status?

☒ Yes ☐ No

5. Is the applicant a local affiliate of a national organization?

☒ Yes ☐ No

6. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or fewer ☐ 15-50
☐ 4-5 ☐ 51-100
☐ 6-14 ☒ over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less Than \$150,000
☐ \$150,000 - \$299,999
☐ \$300,000 - \$499,999
☐ \$500,000 - \$999,999
☐ \$1,000,000 - \$4,999,999
☒ \$5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.



Catholic Charities
Community Services



Helping our community's most vulnerable with solutions that permanently improve lives

Statement of Standards of Conduct Procedures

Catholic Charities currently has in place policies and procedures that comply with the HUD guidelines regarding a standard of conduct. These guidelines prohibit the acceptance of gifts or gratuities (other than token gifts of little monetary value) and outline disciplinary action for failure to abide by the procedures.

All staff must sign off on a receipt of policies and procedures upon hire and whenever the procedures are updated. A copy of this receipt is kept in their personnel file.

Catholic Charities Community Services
4747 N. 7th Ave
Phoenix, AZ 85013
602-650-4815
Lisa DeGroodt, Director of Human Resources



Catholic Charities
Community Services



Code of Ethics

Catholic Charities embraces the following ethical principles:

Support for the sanctity and dignity of human life; preference for serving the neediest and most vulnerable members of the community in the allocation of limited resources;

Guaranteeing to all persons served:

- the right to confidentiality and privacy;
- the right to informed consent and participation in decisions about services;
- the right to refuse treatment or participation in clinical trials or research;
- the right to file grievances in accordance with agency procedures;

Assurance that Catholic Charities follows practices, which:

- guarantee the integrity of decisions made about care and that those decisions are based solely on the diagnostic and treatment needs of the individual or family;
- guarantee accountability for all its fiscal and or business operations and;
- guarantee means of resolving differences in a timely manner with regard to care and/or treatment decisions.