

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: AZ0140

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: Sycamore Canyon Consolidated

86-6004791
168328

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: Sycamore Canyon 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: 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: 09/03/2018

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: \$322,418.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Sycamore Canyon 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 | | 09/03/2018 |

| 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: 08/14/2018

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: 09/03/2018

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? **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 |
|--------------------------------------|------------------------|----------------------------------|----------------------|-----------------|
| AZ0140 | \$64,835 | Surviving PIN | 02/01/2019 | 01/31/2020 |
| AZ0117 | \$100,181 | Terminating PIN | 02/01/2019 | 01/21/2020 |
| AZ0175 | \$70,029 | Terminating PIN | 07/01/2019 | 06/30/2020 |
| AZ0126 | \$87,373 | Terminating PIN | 02/01/2019 | 01/31/2020 |

***The surviving PIN must have the earliest operating start date.**

Renewal Grant Consolidation Summary

| | |
|---|-----------|
| Total Number of Grants in Consolidation | 4 |
| Total Requested Amount in Consolidation | \$322,418 |


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: \$322,418

| Organization | Type | Type | Sub-Award Amount |
|---|------------------------------------|------------------------------------|------------------|
| Catholic Charities Community Services, Inc. | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$322,418 |

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: \$322,418

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:** AZ0140

(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: Sycamore Canyon 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.

Sycamore Canyon provides permanent supportive housing in Coconino and Yavapai Counties for individuals/families who are experiencing homelessness and have a HUD qualifying disability. Within the 30 units, 25 beds are dedicated specifically for chronically homeless individuals/families. the remaining beds are DedicatedPLUS. 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. Information is also 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 community agencies 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="checked" type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input checked="checked" 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="" 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

**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 | 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 | 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 | Monthly |
| Outpatient Health Services | Non-Partner | As needed |
| Outreach Services | Partner | Weekly |
| Substance Abuse Treatment Services | Partner | Monthly |
| Transportation | Subrecipient | As needed |
| 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: 30

Total Beds: 31

Total Dedicated CH Beds: 25

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 17 | 17 |
| Scattered-site apartments (...) | --- | 13 | 14 |

4B. Housing Type and Location Detail

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

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

a. Units: 17

b. Beds: 17

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 11

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

4. Address:

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

Street 1: 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

4B. Housing Type and Location Detail

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

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

a. Units: 13

b. Beds: 14

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 14

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

4. Address:

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

Street 1: 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

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households | 2 | 26 | | 28 |
| | | | | |
| 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 | 26 | | 28 |
| Adults ages 18-24 | 0 | 1 | | 1 |
| Accompanied Children under age 18 | 2 | | 0 | 2 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 4 | 27 | 0 | 31 |

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 | | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | 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/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 | 15 | | 2 | 13 | 0 | 10 | 1 | 7 | 0 | 0 |
| Adults ages 18-24 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 16 | 0 | 2 | 13 | 0 | 10 | 1 | 7 | 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 adults and children do not have a condition.

5C. Outreach for Participants

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. |
| 20% | 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:

| | |
|---------------------|-------------------------------------|
| 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: | | | \$303,513 |
|------------------------------------|-----------------------|-------------------------------|------------------------|
| Grant Term: | | | 1 Year |
| Total Request for Grant Term: | | | \$303,513 |
| Total Units: | | | 29 |
| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
| AZ - Flagstaff, A... | 17 | \$192,321 | \$192,321 |
| AZ - Prescott, AZ... | 12 | \$111,192 | \$111,192 |

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 | 7 | |
| 1 Bedroom | 10 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 17 | \$192,321 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$192,321 |

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 - Prescott, AZ MSA (0402599999)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|--|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | 2 | |
| 1 Bedroom | 10 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 12 | \$111,192 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$111,192 |

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: | \$4,726 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$4,726 |

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

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|------|------------|-----------------------|--------------------|----------------------|
| Yes | Cash | Government | Arizona Department... | 08/15/2018 | \$4,726 |

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: \$4,726

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 | \$303,513 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$0 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$303,513 |
| 7. Admin (Up to 10%) | \$18,905 |
| 8. Total Assistance plus Admin Requested | \$322,418 |
| 9. Cash Match | \$4,726 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$4,726 |
| 12. Total Budget | \$327,144 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | CCS Flagstaff 501c3 | 10/28/2014 |
| 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: 09/03/2018

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 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):

The four projects in this request for consolidation include: Cypress Grove, Flagstaff Pines, Forward Step, and Sycamore Canyon. The project will be named Sycamore Canyon. This application was revised in its entirety to reflect the proposed consolidation.

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

8B Submission Summary

| 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 50 | 09/03/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1D. SF-424 Congressional District(s) | 08/14/2018 |
| 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 | 08/14/2018 |
| 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 | 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.

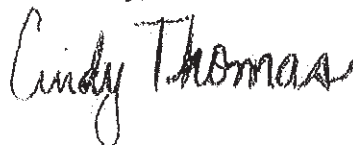
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

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: 09/03/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0140

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: Sycamore Canyon Original

160390

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: Sycamore Canyon 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: 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: 09/03/2018

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: \$64,835.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Sycamore Canyon 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 | | 09/03/2018 |

| 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: 08/14/2018

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: 09/03/2018

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? **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: \$64,835

| Organization | Type | Type | Sub-Award Amount |
|---|------------------------------------|------------------------------------|------------------|
| Catholic Charities Community Services, Inc. | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$64,835 |

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: \$64,835

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:** AZ0140

(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: Sycamore Canyon 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.

Sycamore Canyon provides permanent supportive housing in Coconino and Yavapai Counties for individuals/families who are experiencing homelessness and have a HUD qualifying disability. All 7 of these units are dedicated specifically for chronically homeless individuals/families. 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. Information is also 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 services 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 | 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 | 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 | Monthly |
| Outpatient Health Services | Non-Partner | As needed |
| Outreach Services | Partner | Weekly |
| Substance Abuse Treatment Services | Partner | Monthly |
| Transportation | Subrecipient | As needed |
| 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: 7

Total Beds: 7

Total Dedicated CH Beds: 7

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 3 | 3 |
| Scattered-site apartments (...) | --- | 4 | 4 |

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: 3

b. Beds: 3

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:

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

4B. Housing Type and Location Detail

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

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

a. Units: 4

b. Beds: 4

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 4

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)**

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 | | 7 | | 7 |
| | | | | |
| 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 | 7 | | 7 |
| 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 | 7 | 0 | 7 |

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 | 7 | | 0 | 7 | 0 | 4 | 0 | 0 | 0 | 0 |
| Adults ages 18-24 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 7 | 0 | 0 | 7 | 0 | 4 | 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.

| | |
|------|---|
| 100% | Directly from the street or other locations not meant for human habitation. |
| | 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: | | | \$61,466 |
|------------------------------------|-----------------------|-------------------------------|------------------------|
| Grant Term: | | | 1 Year |
| Total Request for Grant Term: | | | \$61,466 |
| Total Units: | | | 7 |
| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
| AZ - Flagstaff, A... | 3 | \$32,435 | \$32,435 |
| AZ - Prescott, AZ... | 4 | \$29,031 | \$29,031 |

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 | |
| 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 | 3 | \$32,435 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$32,435 |

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 - Prescott, AZ MSA (0402599999)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|--|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | 2 | |
| 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 | 4 | \$29,031 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$29,031 |

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: | \$842 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$842 |

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 | \$842 |

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: \$842

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 | \$61,466 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$0 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$61,466 |
| 7. Admin (Up to 10%) | \$3,369 |
| 8. Total Assistance plus Admin Requested | \$64,835 |
| 9. Cash Match | \$842 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$842 |
| 12. Total Budget | \$65,677 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | CCS Flagstaff 501c3 | 10/28/2014 |
| 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: 09/03/2018

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 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):

Sycamore Canyon 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. The 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 50 | 09/03/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 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 | 08/14/2018 |
| 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.

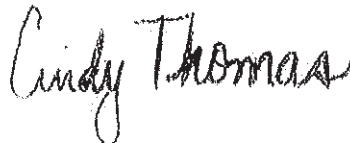
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

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 the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/12/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: 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: Wisteria Housing

169861

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: Wisteria Housing

16. Congressional District(s):

a. Applicant: AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001

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

17. Proposed Project

a. Start Date: 06/01/2019

b. End Date: 07/31/2020

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: 09/12/2018

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: \$388,037.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

Part III Interested Parties

You must disclose:

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

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

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

Certification

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

I certify that 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: 08/21/2017

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; | |

2. Sites for Work Performance.

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

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

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Ms.

First Name: 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: 09/12/2018

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: 09/12/2018

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 Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/12/2018

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$388,000

| Organization | Type | Sub-Award Amount |
|-----------------------------------|------------------------------------|------------------|
| Catholic Community Services, Inc. | M. Nonprofit with 501C3 IRS Status | \$388,000 |

2A. Project Subrecipients Detail

a. Organization Name: Catholic Community Services, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

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: \$388,000

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

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

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

Applicant: The applicant is the State of Arizona Department of Housing(ADOH). ADOH has extensive experience in utilizing federal funds from HUD and other agencies. i.e. HOPWA, CDBG, NSP, LIHTC. Staff of the Special Needs Division manages and administers all projects that are part of the AZ Balance of State Continuum of Care (AZBoSCoC) including monitoring of sub-recipients' timely use of funds and compliance with evidence-based practices. ADOH utilizes Arizona Housing Trust Funds to leverage activities provided through the sub recipients within the BOSCO along with utilizing the above-named funds to assist households that may initially have experienced homelessness.

Sub-Recipient: Catholic Charities Community Services, Inc. (Catholic Charities/CCS)has over 35 years of experience in effectively utilizing federal funds and performing activities under specific contracts through various funding sources including the U.S. Department of Justice, Homeland Security, HUD, Health and Human Services and the State Department. Catholic Charities is currently utilizing over \$22 million in federal funds to support programs including housing, refugee resettlement, unaccompanied minors, and veteran programs. Catholic Charities is in contract with AZ Department of Economic Security (DES) to administer the Emergency Solutions Grant for Yavapai and Coconino Counties. Catholic Charities is an active member in the AZBoSCoC and currently has eight active contracts of which six are for PSH and two RRH. Catholic Charities is active in the Local Coalition to End Homelessness and has spearheaded the establishment of coordinated entry, case conferencing, and use of the By Name List to ensure households with the high acuity levels access housing quickly. Catholic Charities use housing first and low barrier strategies to ensure broad access to housing.

Catholic Charities is located in Flagstaff Arizona and serves four norther counties: Coconino, Yavapai, Mohave, and Navajo. Wisteria Housing will be available in all four counties through a collaboration between Catholic Charities and local domestic violence service providers in local communities including Verde Valley Sanctuary (Yavapai), and both Sharon Manor and Northland Family Help Center (Coconino). Catholic Charities has relationships with landlords in each of these communities so there will be minimal start-up time so that individuals and families will be able to access this housing resource quickly. Federal funds will be leveraged with United Way dollars as well as company match to ensure the numbers served will be met.

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

Applicant: ADOH has extensive experience in utilizing federal funds from HUD and other agencies. Staff of the Special Needs Division manages and administers all projects that are part of the AZBoSCoC including monitoring of sub-recipients' timely use of funds. ADOH utilizes Arizona Housing Trust Funds to leverage activities provided through the sub-recipients within the AZBoSCoC.

Sub-recipient: Catholic Charities has administered HUD/ADOH Subcontracts since 2006 in both permanent supportive housing and rapid rehousing, as well as Housing Trust funds for Rapid Rehousing. CCS has also administered several Community Development Block Grants in two counties and United Way and donor funds in all of the counties we serve. These varying grants help to leverage each other and ensure a wide range of opportunities for the clients we serve.

Catholic Charities has an Administrative Service Center in Phoenix where our accounting department is housed. The agency follows a strict checks and balances system, is audited annually, and includes a monthly review of financial statements and trends. All expenses require a minimum of two signatures and utilizes tools such as rent reasonableness forms to ensure efficient use of funds in each community.

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

Applicant: The Director of ADOH reports directly to the Governor of the state of Arizona. The Special Needs Administrator reports to the Assistant Director of Programs who reports to the director. ADOH has a Finance Division separate from program activities to ensure a check and balance to ensure appropriate use of all funds. ADOH is not only the applicant for projects but is also the collaborative applicant for the AZBoSCoC and provides coordination and support to CoC activities.

Sub-recipient: Catholic Charities is governed by a Board of Directors consisting of members from various social service and business sectors. With guidance from the Board as well as an internal Senior Leadership Team, local staff and program supervisors effectively administer contracts that specifically address the needs in the communities they serve. These same supervisors and staff are active participants in local coalitions to ensure external collaboration with partners as well as help guide internal program collaboration with outreach and veteran services programs also administered at Catholic Charities. While accounting functions are handled at an administrative serve center, local staff review expenditures and billing on a monthly basis to ensure contract compliance.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: AZ-500 - Arizona Balance of State CoC

1b. CoC Collaborative Applicant Name: Arizona Department of Housing

2. Project Name: Wisteria Housing

3. Project Status: Standard

4. Component Type: PH

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

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

Catholic Charities (CCS) proposes the Wisteria Housing Project under the auspices of DV Bonus RRH funding to provide rapid rehousing across the counties of Coconino, Yavapai, Mohave and Navajo to survivors of domestic violence, in collaboration with the DV providers in each of those counties. There are three MOU's in progress with Housing Solutions/Sharon Manor, Northland Family Help Center, and Verde Valley Sanctuary.

If awarded, partnerships will be expanded to include all DV providers in each region. Catholic Charities proposes to provide the coordinated entry intake, housing and move in assistance, ongoing financial assistance in a step down manner, and housing based case management geared towards permanent housing stability. CCS partners with the DV agencies for trauma informed case management following the AZ DV Service Standards. In addition, DV partner agencies will provide advocacy and legal assistance, safety planning support, and referrals to health and behavioral health resources. DV providers will assess client safety throughout case management to ensure clients are safe as they transition from homelessness/shelter to transitional housing to permanent housing. Through these partnerships, the necessary tools will be provided to assist individuals and families experiencing a domestic violence crisis into permanent safe, affordable housing in our communities.

CCS and the DV providers understand the challenges associated with client confidentiality and confidentiality conflicts that arise from various funder requirements. CCS and DV providers have been working collectively for the past two years to address the need to complete effective referrals among partners while protection client confidentiality. As such, referrals will be shared strictly among DV providers, rather than among the entire group at the weekly case conferencing meeting. Participants at this meeting are required to sign MOU's that ensure client confidentiality and safety. As required, a comparable database to HMIS will be used for data related to Wisteria Housing participants. CCS and DV providers are well informed about ensuring the safety and security of all persons served.

Under this RRH contract, Catholic Charities will maintain an internal BNL at the highest level of confidentiality in order to manage the referrals and placements of clients referred for Wisteria Housing. Information will only be shared with another DV RRH provider, who has signed the MOU, for the purpose of housing placement.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

| | | |
|--------------------------------|---------|------------|
| New Project Application FY2018 | Page 24 | 09/12/2018 |
|--------------------------------|---------|------------|

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

| Project Milestones | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
|---|--|--|--|--|
| | A | B | C | D |
| New project staff hired, or other project expenses begin? | 30 | 30 | 30 | 30 |
| Participant enrollment in project begins? | 30 | 30 | 30 | 30 |
| Participants begin to occupy leased units or structure(s), and supportive services begin? | 60 | 60 | 60 | 60 |
| Leased or rental assistance units or structure, and supportive services near 100% capacity? | 180 | 180 | 180 | 180 |
| Closing on purchase of land, structure(s), or execution of structure lease? | | | | |
| Rehabilitation started? | | | | |
| Rehabilitation completed? | | | | |
| New construction started? | | | | |
| New construction completed? | | | | |

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

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

(Select ALL that apply)

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

5. Housing First

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

b. Does the project ensure that participants are not screened out based on

the following items? Select all that apply.

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

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

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

d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

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

Not applicable

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

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

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

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

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

X

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

The VI-SPDAT is used to assess housing and supportive service needs. Once qualified, households are given the opportunity to choose from available units. The participant's safety and need for supportive services are considered to ensure that the housing is appropriate. The participant is provided household items to ensure their safety and comfort in the units. Staff will inspect units monthly at first to observe individuals/families in their surroundings and assist with any concerns that might affect their ability to remain in the housing. Staff will collaborate with partner agencies to ensure individuals/family members are receiving the appropriate life skills assistance. In the event the household begins to experience challenges staff will meet with case managers for additional resource referrals and assistance to maintain the housing. Rental assistance will be provided for three to six months. Case management and other services continue beyond the term of the assistance.

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

Participants will be referred to Goodwill Industries of Northern Arizona. Goodwill is skilled in not only job training or placement, but in the working with individuals with disabilities and the related disability employment laws. In addition, bus passes, work clothes, and tools are provided to ensure there are no barriers to employment for participants that are able to work. If participants are unable to work, they are referred to the SOAR specialist to explore obtaining SSI/SSDI benefits. In addition, case managers will assist participants

in enrolling in other mainstream resources to facilitate efficient use of income resources.

Catholic Charities has established relationships with Goodwill in all three counties, as well as DES funded work related programs. In addition there are agencies like Quality Connections, the VA, NACOG, and behavioral health providers that also provide job placement and work readiness for specific populations. As appropriate, participants will be referred to these partner agencies for employment support. In addition, Catholic Charities will provide participants with financial literacy skills.

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

| Supportive Services | | Provider | Frequency |
|--|--|--------------|-----------|
| Assessment of Service Needs | | Subrecipient | As needed |
| Assistance with Moving Costs | | Subrecipient | As needed |
| Case Management | | Subrecipient | Weekly |
| Child Care | | Partner | As needed |
| Education Services | | Partner | As needed |
| 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 | | Subrecipient | Annually |
| 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 |

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

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



5b. Regular follow-ups with participants to ensure mainstream Yes

benefits are received and renewed?

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 18

Total Beds: 35

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 18 | 35 |

4B. Housing Type and Location Detail

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

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

a. Units: 18

b. Beds: 35

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: 2101 N 4TH ST

Street 2:

City: FLAGSTAFF

State: Arizona

ZIP Code: 86004

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

040348 Prescott, 049005 Coconino County,
049015 Mohave County, 040144 Flagstaff,
049025 Yavapai County, 049017 Navajo County

5A. Project Participants - Households

Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Number of Households | 12 | 6 | | 18 |
| | | | | |
| 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 | 10 | 5 | | 15 |
| Adults ages 18-24 | 2 | 1 | | 3 |
| Accompanied Children under age 18 | 18 | | | 18 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 30 | 6 | 0 | 36 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|-----------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24 | | | | | | | 10 | | | |
| Adults ages 18-24 | | | | | | | 2 | | | |
| Children under age 18 | | | | | | | | | | 18 |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 0 | 0 | 18 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|--------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24 | | | | | | | 5 | | | |
| Adults ages 18-24 | | | | | | | 1 | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

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

Describe the unlisted subpopulations referred to above:

Children do not have conditions.

5C. Outreach for Participants

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 (Eligible for JOINT projects if from TH or Emergency Shelters). |
| 100% | Total of above percentages |

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

Catholic Charities provides outreach in many forms. CCS participates in the local COCs as well as case conferencing in each county served. Through regular meeting attendance we outreach to other agencies with information on existing programming, openings in various programs, and to share information about gaps and potential opportunities on the horizon. Program education and awareness sessions are provided by CCS staff at the local community health providers, local law enforcement crisis intervention training, behavioral health provider staff meetings, as well as local jail staff. In addition, CC employs the PATH Outreach teams in all three counties (Coconino, Yavapai, & Mohave) which generates many referrals for housing through the coordinated entry process in each county. For this project CCS will focus outreach efforts on agencies and groups where DV survivors may present, with most referrals coming from the DV partners in the project.

6A. Funding Request

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

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding



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

4. Select a grant term: 1 Year

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

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

6E. Rental Assistance Budget

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

| Total Request for Grant Term: | | | \$198,840 |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | | 18 |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | AZ - Navajo County, AZ (0401799999) | 1 | \$7,152 |
| TRA | AZ - Flagstaff, AZ MSA (0400599999) | 7 | \$88,788 |
| TRA | AZ - Lake Havasu City-Kingman, AZ MSA... | 7 | \$68,088 |
| TRA | AZ - Prescott, AZ MSA (0402599999) | 3 | \$34,812 |

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Navajo County, AZ (0401799999)

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | | Total Request (Applicant) |
|---------------|------------------------|---|----------------------|---|-----------|--|---|---------------------------|
| SRO | | x | \$444 | x | 12 | | = | \$0 |
| 0 Bedroom | | x | \$592 | x | 12 | | = | \$0 |
| 1 Bedroom | 1 | x | \$596 | x | 12 | | = | \$7,152 |

| | | | | | | | |
|---|---|---|---------|---|----|---|---------|
| 2 Bedrooms | | x | \$748 | x | 12 | = | \$0 |
| 3 Bedrooms | | x | \$1,013 | x | 12 | = | \$0 |
| 4 Bedrooms | | x | \$1,171 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,347 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$1,522 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$1,698 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$1,874 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,049 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 1 | | | | | | \$7,152 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$7,152 |

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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

Total Request for Grant Term: This field is automatically calculated based on the total annual

assistance requested multiplied by the grant term.

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Flagstaff, AZ MSA (0400599999)

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|------------------------|---|----------------------|---|-----------|---|---------------------------|
| SRO | | x | \$528 | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$704 | x | 12 | = | \$0 |
| 1 Bedroom | 2 | x | \$835 | x | 12 | = | \$20,040 |
| 2 Bedrooms | 3 | x | \$1,037 | x | 12 | = | \$37,332 |
| 3 Bedrooms | 2 | x | \$1,309 | x | 12 | = | \$31,416 |
| 4 Bedrooms | | x | \$1,551 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,784 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$2,016 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$2,249 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,482 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,714 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 7 | | | | | | \$88,788 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$88,788 |

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The

selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

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

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

Type of Rental Assistance: TRA

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

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|------------------------|---|----------------------|---|-----------|---|---------------------------|
| SRO | | x | \$397 | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$529 | x | 12 | = | \$0 |
| 1 Bedroom | 2 | x | \$602 | x | 12 | = | \$14,448 |
| 2 Bedrooms | 3 | x | \$762 | x | 12 | = | \$27,432 |
| 3 Bedrooms | 2 | x | \$1,092 | x | 12 | = | \$26,208 |
| 4 Bedrooms | | x | \$1,178 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,355 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$1,531 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$1,708 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$1,885 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,062 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 7 | | | | | | \$68,088 |
| Grant Term | | | | | | | 1 Year |

Total Request for Grant Term

\$68,088

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Prescott, AZ MSA (0402599999)

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|---------------------------|---|-------------------------|---|-----------|---|---------------------------------|
| SRO | | x | \$512 | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$683 | x | 12 | = | \$0 |
| 1 Bedroom | 1 | x | \$688 | x | 12 | = | \$8,256 |
| 2 Bedrooms | 1 | x | \$901 | x | 12 | = | \$10,812 |
| 3 Bedrooms | 1 | x | \$1,312 | x | 12 | = | \$15,744 |
| 4 Bedrooms | | x | \$1,370 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,575 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$1,781 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$1,987 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,192 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,398 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 3 | | | | | | \$34,812 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$34,812 |

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

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

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

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

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

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

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

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

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

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

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

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|---------------------------------|--|-----------------------------|
| 1. Assessment of Service Needs | | |
| 2. Assistance with Moving Costs | | |
| 3. Case Management | Salaries and support for ____ Case Managers to provide coverage in four counties | \$162,034 |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | | |
| 7. Food | | |
| 8. Housing/Counseling Services | | |
| 9. Legal Services | | |
| 10. Life Skills | | |
| 11. Mental Health Services | | |
| 12. Outpatient Health Services | | |
| 13. Outreach Services | | |

Applicant: Arizona Department of Housing

86-6004791

Project: Wisteria Housing

169861

| | | |
|--|--|-----------|
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | | |
| 16. Utility Deposits | | |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$162,034 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$162,034 |

Click the 'Save' button to automatically calculate totals.

6l. Sources of Match

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

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$0 |
| Total Value of In-Kind Commitments: | \$98,000 |
| Total Value of All Commitments: | \$98,000 |

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

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

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|---------|---------|--------------------|--------------------|----------------------|
| Yes | In-Kind | Private | Catholic Charities | 08/24/2018 | \$98,000 |

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: Catholic Charities
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/24/2018

6. Value of Written Commitment: \$98,000

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

6J. Summary Budget

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

| Eligible Costs | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Total Assistance Requested for Grant Term (Applicant) |
|--|---|------------------------|---|
| 1a. Acquisition | | | \$0 |
| 1b. Rehabilitation | | | \$0 |
| 1c. New Construction | | | \$0 |
| 2a. Leased Units | \$0 | 1 Year | \$0 |
| 2b. Leased Structures | \$0 | 1 Year | \$0 |
| 3. Rental Assistance | \$198,840 | 1 Year | \$198,840 |
| 4. Supportive Services | \$162,034 | 1 Year | \$162,034 |
| 5. Operating | \$0 | 1 Year | \$0 |
| 6. HMIS | \$0 | 1 Year | \$0 |
| 7. Sub-total Costs Requested | | | \$360,874 |
| 8. Admin (Up to 10%) | | | \$27,163 |
| 9. Total Assistance Plus Admin Requested | | | \$388,037 |
| 10. Cash Match | | | \$0 |
| 11. In-Kind Match | | | \$98,000 |
| 12. Total Match | | | \$98,000 |
| 13. Total Budget | | | \$486,037 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|-----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | 501 c 3 | 09/04/2018 |
| 3) Other Attachment(s) | No | Code of Conduct | 09/04/2018 |
| 2) Other Attachment(s) | No | Survey on Ensuring... | 09/04/2018 |

Attachment Details

Document Description: 501 c 3

Attachment Details

Document Description: Code of Conduct

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

7A. In-Kind MOU Attachment

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

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.**15-Year Operation Rule.**

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Karia Basta

Date: 09/12/2018

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).**

8B. Submission Summary

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

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

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/04/2018 |
| 1E. SF-424 Compliance | 09/04/2018 |
| 1F. SF-424 Declaration | 09/04/2018 |
| 1G. HUD 2880 | 09/04/2018 |
| 1H. HUD 50070 | 09/04/2018 |
| 1I. Cert. Lobbying | 09/04/2018 |
| 1J. SF-LLL | 09/04/2018 |
| 2A. Subrecipients | 09/04/2018 |
| 2B. Experience | 09/08/2018 |
| 3A. Project Detail | 09/04/2018 |
| 3B. Description | 09/12/2018 |
| 3C. Expansion | 09/04/2018 |
| 4A. Services | 09/04/2018 |
| 4B. Housing Type | 09/04/2018 |
| 5A. Households | 09/04/2018 |
| 5B. Subpopulations | 09/04/2018 |
| 5C. Outreach | 09/08/2018 |
| 6A. Funding Request | 09/04/2018 |
| 6E. Rental Assistance | 09/04/2018 |
| 6F. Supp Srvcs Budget | 09/04/2018 |
| 6I. Match | 09/08/2018 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/04/2018 |
| 7A. In-Kind MOU Attachment | No Input Required |
| 7D. Certification | Please Complete |

Applicant: Arizona Department of Housing

86-6004791

Project: Wisteria Housing

169861

| |
|--|
| |
|--|

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.

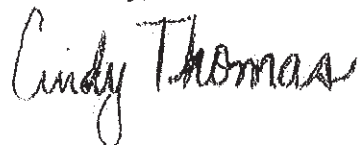
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

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



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

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.

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: AZ0003

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: Casas Primas

160384

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: Casas Primeras

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: 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: \$166,650.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Casas Primeras 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: \$166,650

| Organization | Type | Type | Sub-Award Amount |
|---|------------------------------------|------------------------------------|------------------|
| Community Partnership of Southern Arizona | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$166,650 |

2A. Project Subrecipients Detail

a. Organization Name: Community Partnership of Southern Arizona

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

c. Employer or Tax Identification Number: 86-0792518

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 015294259 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 2502 N. Dodge Blvd.

Street 2:

City: Tucson

State: Arizona

Zip Code: 85716

f. Congressional District(s): AZ-003, AZ-002, 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: \$166,650

j. Contact Person

Prefix: Ms.

First Name: Chloe

Middle Name:

Last Name: Levinson

Suffix:

Title: Director of Home and Community-Based Svs

E-mail Address: chloe.levinson@communitypartnersinc.org

Confirm E-mail Address: chloe.levinson@communitypartnersinc.org

Phone Number: 520-901-6817

Extension:

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** AZ0003

(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: Casas Primeras

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.

Casas Primeras is a permanent supportive housing project targeting individuals who meet the definition of chronic homeless with serious mental illness (and their families). Casas Primeras has strong ties to various mainstream resources for services. Approximately 22 chronically homeless individuals and families in Cochise County are served at any given time. Most of the participants have a serious mental illness; others may have substance abuse or co-occurring disorders. 100% of beds are dedicated for households meeting the definition of chronically homeless. Casas Primeras is one of the only sources of permanent supportive housing for those who are experiencing in Cochise County, making CoC Program support for rental assistance critical for these communities.

HMIS and additional administrative costs are covered by CPSA, and supportive service costs are covered through a partnership with Cenpatico, the RBHA. Participants benefit from our housing-based case managers having close coordination with the behavioral health system, including monthly contact to coordinate service plans with the participant's primary behavioral health agency affiliation. Services available include case management, living skills, income and employment support, obtaining benefits, SOAR, and much more. Our funding streams and partnerships ensure that the majority of needed services are covered, with strong access to behavioral health and primary health services, Assertive Community Treatment (ACT), and others as needed. Services are offered primarily in the homes of the tenants.

Casas Primeras strictly follows the Housing First model, which has been central to CPSA's contracts, policies and procedures for years. No additional barriers to entry exist besides the qualifying disabilities and homeless status. Participation in services or perceived progress is not required for participation in the project, service plans are client-centered, Street and shelter outreach is performed to enter individuals into the HMIS system, referrals are received through the coordinated entry system, and we work closely with landlords to arrange payment plans and reasonable accommodations. Housing-based case managers are trained in motivational interviewing, harm reduction, and assessment of service needs. Casas Primeras is committed to the goals of coordinated entry to receive and house the highest-vulnerability referrals.

The VI-SPDAT is used as part of the BOS CoC Coordinated Entry process.

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 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

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 | Partner | As needed |
| Assistance with Moving Costs | Non-Partner | As needed |
| Case Management | Partner | Monthly |
| Child Care | | |
| Education Services | | |
| Employment Assistance and Job Training | Partner | Bi-weekly |
| Food | Partner | As needed |
| Housing Search and Counseling Services | Partner | As needed |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Partner | Monthly |
| Mental Health Services | Partner | Weekly |
| Outpatient Health Services | Non-Partner | As needed |
| Outreach Services | Partner | As needed |
| Substance Abuse Treatment Services | Partner | Weekly |
| Transportation | Partner | 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 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: 22

Total Beds: 22

Total Dedicated CH Beds: 22

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 22 | 22 |

4B. Housing Type and Location Detail

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

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

a. Units: 22

b. Beds: 22

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 22

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

4. Address:

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

Street 1: 44 E. Broadway, Suite 100

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85701

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

049003 Cochise 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 | 0 | 20 | | 20 |
| Adults ages 18-24 | 0 | 2 | | 2 |
| Accompanied Children under age 18 | 0 | | 0 | 0 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 0 | 22 | 0 | 22 |

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 | 20 | | 0 | 20 | 0 | 20 | 3 | 3 | 0 | 0 |
| Adults ages 18-24 | 2 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 |
| Total Persons | 22 | 0 | 0 | 22 | 0 | 22 | 3 | 3 | 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.

| | |
|------|---|
| 90% | Directly from the street or other locations not meant for human habitation. |
| 10% | 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? 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 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

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the 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: | | \$157,872 | |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | 22 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | AZ - Sierra Vista-Douglas, AZ MSA (04... | 22 | \$157,872 |

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 | | = | \$0 |
| 0 Bedroom | | x | \$594 | \$594 | x | | = | \$0 |
| 1 Bedroom | 22 | x | \$598 | \$598 | x | | = | \$157,872 |
| 2 Bedrooms | | x | \$747 | \$747 | x | | = | \$0 |
| 3 Bedrooms | | x | \$1,060 | \$1,060 | x | | = | \$0 |
| 4 Bedrooms | | x | \$1,316 | \$1,316 | x | | = | \$0 |
| 5 Bedrooms | | x | \$1,513 | \$1,513 | x | | = | \$0 |
| 6 Bedrooms | | x | \$1,711 | \$1,711 | x | | = | \$0 |
| 7 Bedrooms | | x | \$1,908 | \$1,908 | x | | = | \$0 |
| 8 Bedrooms | | x | \$2,106 | \$2,106 | x | | = | \$0 |
| 9 Bedrooms | | x | \$2,303 | \$2,303 | x | | = | \$0 |
| Total Units and Annual Assistance Requested | 22 | | | | | | | \$157,872 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$157,872 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$10,903 |
| Total Value of In-Kind Commitments: | \$30,760 |
| Total Value of All Commitments: | \$41,663 |

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 | \$10,903 |
| Yes | In-Kind | Private | CPSA | 08/15/2018 | \$30,760 |

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: \$10,903

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: CPSA
(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: \$30,760

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 | \$157,872 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$157,872 |
| 7. Admin (Up to 10%) | \$8,778 |
| 8. Total Assistance plus Admin Requested | \$166,650 |
| 9. Cash Match | \$10,903 |
| 10. In-Kind Match | \$30,760 |
| 11. Total Match | \$41,663 |
| 12. Total Budget | \$208,313 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | CPSA 501 c3 | 10/31/2015 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 07/31/2018 |
| 3) Other Attachment | No | Code of Conduct | 09/17/2017 |

Attachment Details

Document Description: CPSA 501 c3

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

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 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"/> |
| 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):

Updated sub recipient amount based on GIW. Updated EEO Survey. Updated description. Changed Addressess

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 |
| Renewal Project Application FY2018 | | 09/03/2018 |

| |
|---------|
| Page 49 |
|---------|

| | |
|---|-------------------|
| 1C. SF-424 Application Details | No Input Required |
| 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 | 09/03/2018 |
| 3A. Project Detail | 07/31/2018 |
| 3B. Description | 09/03/2018 |
| 3C. Dedicated Plus | 07/31/2018 |
| 4A. Services | 07/31/2018 |
| 4B. Housing Type | 09/03/2018 |
| 5A. Households | 07/31/2018 |
| 5B. Subpopulations | No Input Required |
| 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 | 09/03/2018 |

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
1100 COMMERCE STREET
DALLAS, TX 75242-0000

DEPARTMENT OF THE TREASURY

Date: SEP 21 1995

COMMUNITY PARTNERSHIP OF SOUTHERN
ARIZONA (CPSA) INC.
343 W FRANKLIN
TUCSON, AZ 85701

Employer Identification Number:

86-0792518

Case Number:

755214001

Contact Person:

ANNETTE SMITH

Contact Telephone Number:

(214) 767-6023

Accounting Period Ending:

June 30

Foundation Status Classification:

509(a)(2)

Advance Ruling Period Begins:

February 10, 1995

Advance Ruling Period Ends:

June 30, 1999

Addendum Applies:

Yes

RECEIVED

SEP 26 1995

CPSA
FINANCE

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 section 509(a)(2).

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)

COMMUNITY PARTNERSHIP OF SOUTHERN

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.

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.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable

COMMUNITY PARTNERSHIP OF SOUTHERN

cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

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

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

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,



Bobby E. Scott
District Director

Enclosure(s):
Form 872-C

COMMUNITY PARTNERSHIP OF SOUTHERN

In this letter, we have not determined the effect on your tax-exempt status of financing your activities with the proceeds of tax-exempt bonds since you have not indicated that you intend to use such methods now or in the future.

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

Date: NOV 28 1995

COMMUNITY PARTNERSHIP OF SOUTHERN
ARIZONA CPSA INC
4575 EAST BROADWAY BLVD
TUCSON, AZ 85711

DEPARTMENT OF THE TREASURY

Employer Identification Number:
86-0792518

DLN:
17053268722019

Contact Person:
DIANA L BOYNTON

Contact Telephone Number:
(877) 829-5500

Our Letter Dated:
September, 1995

Addendum Applies:
No

RECEIVED
ID# 31384
DEC 6 1995
FINANCE

Dear Applicant:

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

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

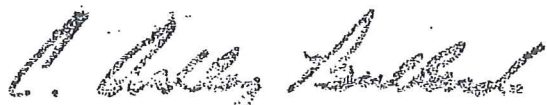
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the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

If we have indicated 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 resolve any questions about your private foundation status, please keep it in your permanent records.

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

Sincerely yours,



District Director

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 Partnership of Southern Arizona |
| Applicant's DUNS Name: | 015294259 |
| Federal Program: | NOFA for FY 2018 Continuum of Care FR-6200-N-25 |
| CFDA Number: | 14.267 |

- Has the applicant ever received a grant or contract from the Federal government?
☒ Yes ☐ No
- Is the applicant a faith-based organization?
☐ Yes ☒ No
- Is the applicant a secular organization?
☐ Yes ☒ No
- Does the applicant have 501(c)(3) status?
☒ Yes ☐ No
- Is the applicant a local affiliate of a national organization?
☐ Yes ☒ No
- 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
- 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

August 15, 2017

Point of Contact:

Bethanne Enoki, MA, SPHR, SHRM-SCP
Chief Human Resources Officer
Bethanne.Enoki@communitypartnersinc.org
4575 E Broadway Blvd.
Tucson, AZ 85711
520.318.6909

Subject: Code of Conduct – Format Revised and Approved 8/14/17:

PURPOSE

The purpose of the Code of Conduct is to establish the scope, responsibilities, operational guidelines, controls and activities used by Community Partners, Inc. and its subsidiaries, (hereinafter CPI) to foster ethical conduct throughout its own and its providers' operations; and to confirm that CPI upholds and supports proper compliance conduct and provides its workforce with specific ethical and compliance guidelines.

SCOPE

The CPI Code of Conduct applies to all CPI workforce members, including employees, volunteers, trainees, interns, agency temporaries and members of the Board of Directors.

ESTABLISHING EXCELLENCE

The single greatest source of advantage for any organization is its people. CPI strives to build an aligned and innovative team by providing the opportunity for everyone to do meaningful and challenging work. People must be able to continuously develop their professional potential while contributing to significant achievements in collaboration with talented colleagues.

The CPI workforce has an obligation to act in ways that will merit the trust, confidence and respect of the health care profession, community stakeholders and the general public. Therefore, the CPI workforce should lead professional lives that embody an exemplary system of values and ethics.

In fulfilling their commitments and obligations to community stakeholders, CPI workforce members function as advocates. Every management decision affects the health and well-being of both individuals and communities. CPI workforce members must carefully evaluate the possible outcomes of their decisions. As with all organizations involved in the provision of health care services, CPI workforce members must work to safeguard and foster the rights, interests and prerogatives of the people they serve. The role of the advocate requires that CPI workforce members speak out and take actions necessary to promote such rights, interests and prerogatives if these are threatened. CPI workforce members have ethical responsibilities to every stakeholder in the health care constituency, a fundamental principle that holds true for every individual in the CPI workforce. CPI workforce members must hold themselves accountable, individually and as an organization, for the integrity of their decisions and actions.

The Code of Conduct builds on the organization's commitment to an ethical work environment. It highlights standards of proper legal, ethical and professional behavior and describes how any legal, ethical or quality concern can be communicated so it can be swiftly resolved. The Code of Conduct is not meant to cover every possible situation, but to serve as a guide. Workforce members are referred to their supervisors, internal operating policies and procedures for further guidance. Workforce members must exercise their good judgment and abide by the standards of their chosen profession. Each member of the CPI workforce is a vital link in

ensuring the integrity of CPI. The CPI commitment to excellence is the foundation of the organization and the strength that makes it successful.

OUR FUNDAMENTAL COMMITMENTS

To our workforce members: CPI is committed to a work culture and environment that treats all workforce members with fairness, dignity, and respect, and affords them an opportunity to grow, to develop professionally, and to work in a team environment where all ideas are considered.

To our clients: CPI is committed to quality health care that is sensitive, compassionate, promptly delivered, and grounded in the affirmations of self-determination, recovery and choice.

To our client families and caregivers: CPI is committed to the full and integral incorporation of client families, caregivers and other natural supports as part of each client's movement toward recovery. CPI acknowledges and advances the inclusion of clients' innate and adopted cultures and upholds the diversity of these systems.

To our business associates: CPI is committed to fair competition among prospective business associates and vendors and the sense of responsibility required of a good customer.

To our community collaborators: CPI is committed to understanding the particular needs of the communities served and bridging identified gaps with focused health services that are client and family driven, recovery-oriented, respectful of cultural differences and that foster hope and determination. CPI recognizes a commitment to education and support for events that promote collaboration and diversity.

To our funding and regulatory entities: CPI is committed to an environment in which compliance with rules, regulations and sound business practices is woven into the corporate culture. CPI accepts the responsibility to aggressively self-govern and monitor adherence to the requirements of law, regulation, contractual requirements and our Code of Conduct.

PROFESSIONAL EXCELLENCE

Workforce members

While all CPI workforce members are obligated to follow the Code of Conduct, CPI leaders set the example and are, in every respect, a model for other employees. They must ensure that those on their teams have sufficient information to comply with laws, regulations, and policies, as well as the resources to resolve ethical dilemmas. They must help create a culture within CPI that promotes the highest standards of ethics and compliance. This culture must encourage all CPI workforce members to share concerns when they arise.

In the normal day-to-day functions of CPI, there are issues that occur that relate to how people in the organization deal with one another. It is impossible to foresee all of these, and many do not require explicit treatment in a document like this. A few routinely arise, however, and this document addresses these circumstances.

Equal Opportunity

CPI workforce members provide a wide complement of talents that contribute greatly to organizational success. CPI is committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity and respect. CPI complies with all laws, regulations, and policies related to non-discrimination in personnel actions. Such actions include recruitment, hiring, workforce reductions, transfers, terminations, performance evaluations, training, compensation, corrective action, and promotions.

Freedom from Harassment

Each CPI workforce member has the right to work in an environment free of harassment. Harassment based on diverse characteristics or cultural backgrounds is not tolerated and any form of sexual harassment is strictly prohibited. Harassment also includes workplace violence in the form of robbery or other commercial crimes, stalking, and violence directed at CPI. Any CPI workforce member who observes or experiences any form of harassment is responsible for reporting the incident. *First*, workforce members should speak with their supervisor. If speaking with an immediate supervisor is not possible or the conduct pertains to the immediate supervisor,

workforce members should speak with the supervisor's supervisor, another member of the CPI management team or contact Human Resources.

Alcohol and Drug Free Environment

To protect the interests of colleagues and clients, CPI is committed to an alcohol and drug- free work environment. All workforce members must report for work free of the influence of alcohol and illegal drugs.

Conflict of Interest

A conflict of interest may occur if a workforce member's outside activities or personal interests influence or appear to influence his/her ability to make objective decisions in the course of performing job responsibilities. A conflict of interest may also exist if the demands of any outside activities hinder or distract workforce members from the performance of their jobs or cause them to use CPI resources for other than CPI purposes. It is the personal obligation of each CPI workforce member to ensure that he/she remains free of conflicts of interest in the performance of his/her responsibilities at CPI. If a workforce member encounters any question about whether an outside activity might constitute a conflict of interest, consultation with and approval by the Corporate Compliance Officer is required before pursuing the activity.

Excluded Parties

The US Department of Health and Human Services under the Office of the Inspector General can exclude or prevent individuals or entities from participating in Medicare, Medicaid, and other federal health care programs. Exclusion means that no program payments will be made for items or services furnished, ordered, or prescribed by the excluded individual or entity. The prohibition against federal program payment for items or services furnished by excluded individuals or entities also extends to payment for administrative and management services that are not directly related to patient care but are necessary components of providing items and services to federal program beneficiaries. CPI workforce members must not be excluded in this manner. **Community Collaborators**

Competitive Procurement

CPI maintains the highest standards of integrity and objectivity in dealing with providers, contractors, consultants, and vendors. CPI manages these relationships in a fair and reasonable manner, consistent with all applicable laws and good business practices. CPI promotes competitive procurement. CPI source selection and determination of contract awards are made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, and maintenance of adequate resources for optimal service. Decisions are made on the party's ability to meet the needs of CPI and not on personal relationships and friendships.

Gifts and Gratuities

CPI workforce members are prohibited from accepting or giving gifts or gratuities beyond common business courtesies of nominal value. Under no circumstances do workforce members accept or give kickbacks in return for improperly obtaining, influencing, or rewarding favorable treatment in obtaining contracts, services, referrals, goods or business.

Funding and Regulatory Entities

CPI takes great care to assure all billings to government payors, commercial insurance payors and clients are true and accurate and conform to all pertinent federal and state laws and regulations. CPI provides workforce members with the information and education they need to comply fully with all applicable laws, regulations and conditions of participation. CPI prohibits any workforce member or provider from knowingly presenting or causing to be presented claims for payment or approval which are false or fraudulent. CPI is forthright in dealing with any billing inquiries. Requests for information are answered with complete, factual, and accurate information. CPI cooperates with and is courteous to all surveyors and auditors and provides them with the information to which they are entitled.

DISCIPLINARY ACTIONS

Workforce members whose conduct is not in accord with established standards and expectations may be subject to disciplinary action. Disciplinary action is defined as supervisory or management actions which are designed to fit the nature of the problem, offense, or violation. Whether and to what extent progressive discipline will be used is at the discretion of CPI. Disciplinary action may be in the form of counseling, oral warning, written warning, Performance Improvement Plan, Employee Development Plan, suspension/administrative leave, or dismissal. Workforce members may initiate the Dispute Resolution Process to challenge disciplinary action taken, with the exception of dismissal.

Although CPI will attempt to provide Workforce members an opportunity to improve their conduct to a satisfactory level, at times the appropriate disciplinary action for a Workforce member's conduct may be immediate dismissal without prior warning. The CEO will approve any dismissals prior to action being taken. Since there are a wide variety of unpredictable, individual situations, there is latitude for the exercise of supervisory judgment as to the severity of the disciplinary action. All disciplinary actions must be coordinated with the Chief Human Resources Officer prior to any disciplinary action being taken.

CARE EXCELLENCE***Clients Rights***

In promotion and protection of clients' rights, each client and his/her personal representative will be afforded appropriate confidentiality, privacy, security and protective services, opportunity for resolution of complaints, and services in the most community-integrated environment. Clients are treated in a manner that preserves their dignity, autonomy, self-determination and self-esteem, civil rights, and involvement in their own journey of recovery. Clients receiving healthcare services have clearly defined rights. To honor and uphold these rights, the CPI workforce must:

- Protect all clients from physical, emotional, verbal or sexual abuse, neglect or exploitation.
- Protect all aspects of client privacy and confidentiality.
- Obtain written authorization from clients or their legal representatives before disclosing personal, financial or medical information to anyone outside the CPI network, unless otherwise permitted by law.
- Limit access to clients' protected health information to CPI workforce members who need such information to perform their jobs.
- Respect the right of clients and their legal representatives to participate in decisions about their care and to be provided with adequate information to make informed decisions.
- Respect the right of clients and their legal representatives to access and/or amend their medical records as requested.
- Recognize that clients have the right to consent to or refuse care.
- Protect the right of clients to be free from physical or chemical restraints.

In the promotion and protection of each client's rights, each client is afforded appropriate confidentiality, privacy, security and protective services, opportunity for resolution of complaints and pastoral or spiritual care.

Protected Health Information

CPI collects information about clients to provide quality care. CPI realizes the sensitive nature of this information and is committed to maintaining its confidentiality. CPI does not disclose protected health information to others unless it is necessary to serve the client or is required by law. CPI workforce members must never disclose protected health information if such action violates the privacy rights of our clients. CPI workforce members are only given access to the minimum necessary protected health information to perform their duty assignments.

Non-Discrimination

CPI treats all clients with respect and dignity and provides services that are requested, necessary and appropriate. CPI makes no distinction in the enrollment, oversight, or disenrollment of clients or in the services provided based on age, gender, disability, race, sexual preference, color, religion, or national origin. CPI preserves the integrity of clinical decision-making by requiring that its providers base care and service decisions on the bio- psychosocial needs of each individual client and not on financial considerations. Program eligibility may limit the types of services which are available; however, CPI makes every effort to ensure clients are served as fully as funding sources permit.

INTEGRITY CONCERNS

CPI has a specific communication and reporting process for compliance issues. Workforce members should use this process whenever there is a concern or question. It is important that individuals seek answers until all questions are answered. CPI workforce members are required to report actual or potential wrongdoing observed or suspected. Reports may involve possible violations of law, regulations, policies and procedures, or the Code of Conduct.

Course of Action

First, workforce members should speak with their supervisor. CPI supervisors have important information related to the laws, regulations, and policies that relate to specific work areas and functions. If speaking with an immediate supervisor is not possible or the conduct pertains to the immediate supervisor, workforce members should speak with the supervisor's supervisor, another client of the CPI management team or contact Human Resources. If concerns still exist, or if preferred, any workforce client may call the **Fraud and Abuse Hotline at 520-318- 6964** for assistance. All calls are confidential and may be made anonymously.

The Fraud and Abuse Hotline is available 24 hours per day, seven days per week, to report any legitimate concern about legal, ethical or quality issues. A report should be made of any observed or suspected activity that could harm a client or the agency, or which could damage CPI's reputation of ethical business practices. Callers to the Fraud and Abuse Hotline are not required to leave a name, however they must provide enough information to begin the investigation process. During this investigation, confidentiality is maintained to the fullest extent possible. A report may be made in good faith to the Fraud and Abuse Hotline without fear of reprisal or retaliation. Anyone, including a supervisor, who retaliates against a workforce member for contacting the Hotline, is subject to discipline, up to and including termination. Other avenues for reporting suspected fraud or abuse may be directed to the following:

ADHS/DBHS

Bureau of Corporate Compliance
(866) 569-4927
reportfraud@azdhs.gov

AHCCCS

Office of Inspector General
(888) 487-6686
AHCCCSFraud@azahcccs.gov

Medicare/Medicaid

Department of Health and Human Services
Office of the Inspector General
(800) 447-8477

Reports and/or complaints regarding licensed providers may be directed to one of the following:

Arizona Board of Accountancy

Attn: Enforcement Division
100 North 15th Avenue, Ste 165
Phoenix, AZ 85007
(602) 364-0804

Arizona Board of Behavioral Health Examiners

1400 West Washington Street Phoenix, AZ 85007
(602) 542-1882

Arizona Board of Nursing

4747 North 7th Street, Ste 200
Phoenix, AZ 85014
(602) 771-7800
(602) 771-7888 (fax)

Arizona Board of Osteopathic Examiners in Medicine and Surgery

9535 E Doubletree Ranch Road
Scottsdale, AZ 85258
(480) 657-7703 (480) 657-
7715 (fax)

www.azdo.gov
questions@azdo.gov

Arizona Board of Psychologist Examiners

1400 W Washington St., Ste 235
Phoenix, AZ 85007
(602) 542-8162
(602) 542-8279 (fax)

Arizona Medical Board

9545 East Doubletree Ranch Road
Scottsdale, AZ 85258
(877) 255-2212
(480) 551-2702 (fax)

Arizona Regulatory Board of Physician Assistants

9545 East Doubletree Ranch Road
Scottsdale Arizona 85258
480-551-2700

Office of Medical Facilities Licensing

Division of Licensing
150 North 18th Avenue, Fourth Floor
Phoenix, AZ 85007
(602) 364-3030
(602) 364-4764 (fax)

Bureau of Residential Facilities Licensing

Division of Licensing

Tucson Office

400 W. Congress, Suite 100

MAIN 520-325-4268 | **FAX** 520-318-6935 | 4575 E. Broadway, Tucson, AZ 85711

150 North 18th Avenue, Suite 410
Phoenix, Az 85007
(602) 364-2639 (520) 628-6991 (Fax)

Tucson, AZ 85701
(520) 628-6965

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: 09/10/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0003

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: Casas Primas

160384

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: Casas Primeras

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: 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: 09/10/2018

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: \$166,650.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Casas Primeras 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 | | 09/10/2018 |

| 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: 09/10/2018

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: 09/10/2018

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: 09/10/2018

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: \$166,650

| Organization | Type | Type | Sub-Award Amount |
|---|------------------------------------|------------------------------------|------------------|
| Community Partnership of Southern Arizona | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$166,650 |

2A. Project Subrecipients Detail

a. Organization Name: Community Partnership of Southern Arizona

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

c. Employer or Tax Identification Number: 86-0792518

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 015294259 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 2502 N. Dodge Blvd.

Street 2:

City: Tucson

State: Arizona

Zip Code: 85716

f. Congressional District(s): AZ-003, AZ-002, 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: \$166,650

j. Contact Person

Prefix: Ms.

First Name: Chloe

Middle Name:

Last Name: Levinson

Suffix:

Title: Director of Home and Community-Based Svs

E-mail Address: chloe.levinson@communitypartnersinc.org

Confirm E-mail Address: chloe.levinson@communitypartnersinc.org

Phone Number: 520-901-6817

Extension:

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** AZ0003

(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: Casas Primeras

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.

Casas Primeras is a permanent supportive housing project targeting individuals (and their families) who meet the definition of chronic homeless with a disabling condition. Casas Primeras has strong ties to various mainstream resources for services. Approximately 22 chronically homeless individuals and families in Cochise County are served at any given time. Most of the participants have a serious mental illness; others may have substance abuse or co-occurring disorders. 100% of beds are dedicated for households meeting the definition of chronically homeless. Casas Primeras is one of the only sources of permanent supportive housing for those who are experiencing in Cochise County, making CoC Program support for rental assistance critical for these communities.

HMIS and additional administrative costs are covered by CPSA, and supportive service costs are covered through a partnership with Cenpatico, the RBHA. Participants benefit from our housing-based case managers having close coordination with the behavioral health system, including monthly contact to coordinate service plans with the participant's primary behavioral health agency affiliation. Services available include case management, living skills, income and employment support, obtaining benefits, SOAR, and much more. Our funding streams and partnerships ensure that the majority of needed services are covered, with strong access to behavioral health and primary health services, Assertive Community Treatment (ACT), and others as needed. Services are offered primarily in the homes of the tenants.

Casas Primeras strictly follows the Housing First model, which has been central to CPSA's contracts, policies and procedures for years. No additional barriers to entry exist besides the qualifying disabilities and homeless status. Participation in services or perceived progress is not required for participation in the project, service plans are client-centered, Street and shelter outreach is performed to enter individuals into the HMIS system, referrals are received through the coordinated entry system, and we work closely with landlords to arrange payment plans and reasonable accommodations. Housing-based case managers are trained in motivational interviewing, harm reduction, and assessment of service needs. Casas Primeras is committed to the goals of coordinated entry to receive and house the highest-vulnerability referrals.

The VI-SPDAT is used as part of the BOS CoC Coordinated Entry process.

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 | 09/10/2018 |

| | | | |
|------------------------|--|-----------------------------------|--|
| | <input checked="checked" type="checkbox"/> | | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input checked="checked" 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% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. 100% Dedicated

4A. Supportive Services for Participants

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

Click 'Save' to update.

| Supportive Services | Provider | Frequency |
|--|-------------|-----------|
| Assessment of Service Needs | Partner | As needed |
| Assistance with Moving Costs | Non-Partner | As needed |
| Case Management | Partner | Monthly |
| Child Care | | |
| Education Services | | |
| Employment Assistance and Job Training | Partner | Bi-weekly |
| Food | Partner | As needed |
| Housing Search and Counseling Services | Partner | As needed |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Partner | Monthly |
| Mental Health Services | Partner | Weekly |
| Outpatient Health Services | Non-Partner | As needed |
| Outreach Services | Partner | As needed |
| Substance Abuse Treatment Services | Partner | Weekly |
| Transportation | Partner | 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 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: 22

Total Beds: 22

Total Dedicated CH Beds: 22

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 22 | 22 |

4B. Housing Type and Location Detail

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

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

a. Units: 22

b. Beds: 22

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 22

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

4. Address:

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

Street 1: 44 E. Broadway, Suite 100

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85701

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

049003 Cochise 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 | 0 | 20 | | 20 |
| Adults ages 18-24 | 0 | 2 | | 2 |
| Accompanied Children under age 18 | 0 | | 0 | 0 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 0 | 22 | 0 | 22 |

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 | 20 | | 0 | 20 | 0 | 20 | 3 | 3 | 0 | 0 |
| Adults ages 18-24 | 2 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 |
| Total Persons | 22 | 0 | 0 | 22 | 0 | 22 | 3 | 3 | 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.

| | |
|------|---|
| 90% | Directly from the street or other locations not meant for human habitation. |
| 10% | 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? 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 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

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the 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: | | \$157,872 | |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | 22 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | AZ - Sierra Vista-Douglas, AZ MSA (04... | 22 | \$157,872 |

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 | | = | \$0 |
| 0 Bedroom | | x | \$594 | \$594 | x | | = | \$0 |
| 1 Bedroom | 22 | x | \$598 | \$598 | x | | = | \$157,872 |
| 2 Bedrooms | | x | \$747 | \$747 | x | | = | \$0 |
| 3 Bedrooms | | x | \$1,060 | \$1,060 | x | | = | \$0 |
| 4 Bedrooms | | x | \$1,316 | \$1,316 | x | | = | \$0 |
| 5 Bedrooms | | x | \$1,513 | \$1,513 | x | | = | \$0 |
| 6 Bedrooms | | x | \$1,711 | \$1,711 | x | | = | \$0 |
| 7 Bedrooms | | x | \$1,908 | \$1,908 | x | | = | \$0 |
| 8 Bedrooms | | x | \$2,106 | \$2,106 | x | | = | \$0 |
| 9 Bedrooms | | x | \$2,303 | \$2,303 | x | | = | \$0 |
| Total Units and Annual Assistance Requested | 22 | | | | | | | \$157,872 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$157,872 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$10,903 |
| Total Value of In-Kind Commitments: | \$30,760 |
| Total Value of All Commitments: | \$41,663 |

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 | \$10,903 |
| Yes | In-Kind | Private | CPSA | 08/15/2018 | \$30,760 |

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: \$10,903

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: CPSA
(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: \$30,760

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 | \$157,872 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$157,872 |
| 7. Admin (Up to 10%) | \$8,778 |
| 8. Total Assistance plus Admin Requested | \$166,650 |
| 9. Cash Match | \$10,903 |
| 10. In-Kind Match | \$30,760 |
| 11. Total Match | \$41,663 |
| 12. Total Budget | \$208,313 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | CPSA 501 c3 | 10/31/2015 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 07/31/2018 |
| 3) Other Attachment | No | Code of Conduct | 09/17/2017 |

Attachment Details

Document Description: CPSA 501 c3

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

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: 09/10/2018

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"/> |
| 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):

Updated sub recipient amount based on GIW. Updated EEO Survey. Updated description. Changed Addressess

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 |
| Renewal Project Application FY2018 | | 09/10/2018 |

| |
|---------|
| Page 49 |
|---------|

| | |
|---|-------------------|
| 1C. SF-424 Application Details | No Input Required |
| 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 | 09/03/2018 |
| 3A. Project Detail | 07/31/2018 |
| 3B. Description | 09/10/2018 |
| 3C. Dedicated Plus | 07/31/2018 |
| 4A. Services | 07/31/2018 |
| 4B. Housing Type | 09/03/2018 |
| 5A. Households | 07/31/2018 |
| 5B. Subpopulations | No Input Required |
| 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 | 09/03/2018 |

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
1100 COMMERCE STREET
DALLAS, TX 75242-0000

DEPARTMENT OF THE TREASURY

Date: SEP 21 1995

COMMUNITY PARTNERSHIP OF SOUTHERN
ARIZONA (CPSA) INC.
343 W FRANKLIN
TUCSON, AZ 85701

Employer Identification Number:

86-0792518

Case Number:

755214001

Contact Person:

ANNETTE SMITH

Contact Telephone Number:

(214) 767-6023

Accounting Period Ending:

June 30

Foundation Status Classification:

509(a)(2)

Advance Ruling Period Begins:

February 10, 1995

Advance Ruling Period Ends:

June 30, 1999

Addendum Applies:

Yes

RECEIVED

SEP 26 1995

CPSA
FINANCE

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 section 509(a)(2).

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)

COMMUNITY PARTNERSHIP OF SOUTHERN

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.

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.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable

COMMUNITY PARTNERSHIP OF SOUTHERN

cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

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

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

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,



Bobby E. Scott
District Director

Enclosure(s):
Form 872-C

COMMUNITY PARTNERSHIP OF SOUTHERN

In this letter, we have not determined the effect on your tax-exempt status of financing your activities with the proceeds of tax-exempt bonds since you have not indicated that you intend to use such methods now or in the future.

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

Date: NOV 28 1995

COMMUNITY PARTNERSHIP OF SOUTHERN
ARIZONA CPSA INC
4575 EAST BROADWAY BLVD
TUCSON, AZ 85711

DEPARTMENT OF THE TREASURY

Employer Identification Number:
86-0792518

DLN:
17053268722019

Contact Person:
DIANA L BOYNTON

Contact Telephone Number:
(877) 829-5500

Our Letter Dated:
September, 1995

Addendum Applies:
No

RECEIVED
ID# 31384
DEC 6 1995
FINANCE

Dear Applicant:

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

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

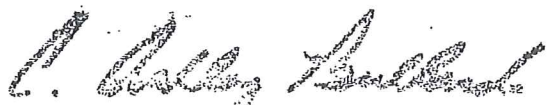
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the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

If we have indicated 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 resolve any questions about your private foundation status, please keep it in your permanent records.

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

Sincerely yours,



District Director

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 Partnership of Southern Arizona |
| Applicant's DUNS Name: | 015294259 |
| Federal Program: | NOFA for FY 2018 Continuum of Care FR-6200-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

August 15, 2017

Point of Contact:

Bethanne Enoki, MA, SPHR, SHRM-SCP
Chief Human Resources Officer
Bethanne.Enoki@communitypartnersinc.org
4575 E Broadway Blvd.
Tucson, AZ 85711
520.318.6909

Subject: Code of Conduct – Format Revised and Approved 8/14/17:

PURPOSE

The purpose of the Code of Conduct is to establish the scope, responsibilities, operational guidelines, controls and activities used by Community Partners, Inc. and its subsidiaries, (hereinafter CPI) to foster ethical conduct throughout its own and its providers' operations; and to confirm that CPI upholds and supports proper compliance conduct and provides its workforce with specific ethical and compliance guidelines.

SCOPE

The CPI Code of Conduct applies to all CPI workforce members, including employees, volunteers, trainees, interns, agency temporaries and members of the Board of Directors.

ESTABLISHING EXCELLENCE

The single greatest source of advantage for any organization is its people. CPI strives to build an aligned and innovative team by providing the opportunity for everyone to do meaningful and challenging work. People must be able to continuously develop their professional potential while contributing to significant achievements in collaboration with talented colleagues.

The CPI workforce has an obligation to act in ways that will merit the trust, confidence and respect of the health care profession, community stakeholders and the general public. Therefore, the CPI workforce should lead professional lives that embody an exemplary system of values and ethics.

In fulfilling their commitments and obligations to community stakeholders, CPI workforce members function as advocates. Every management decision affects the health and well-being of both individuals and communities. CPI workforce members must carefully evaluate the possible outcomes of their decisions. As with all organizations involved in the provision of health care services, CPI workforce members must work to safeguard and foster the rights, interests and prerogatives of the people they serve. The role of the advocate requires that CPI workforce members speak out and take actions necessary to promote such rights, interests and prerogatives if these are threatened. CPI workforce members have ethical responsibilities to every stakeholder in the health care constituency, a fundamental principle that holds true for every individual in the CPI workforce. CPI workforce members must hold themselves accountable, individually and as an organization, for the integrity of their decisions and actions.

The Code of Conduct builds on the organization's commitment to an ethical work environment. It highlights standards of proper legal, ethical and professional behavior and describes how any legal, ethical or quality concern can be communicated so it can be swiftly resolved. The Code of Conduct is not meant to cover every possible situation, but to serve as a guide. Workforce members are referred to their supervisors, internal operating policies and procedures for further guidance. Workforce members must exercise their good judgment and abide by the standards of their chosen profession. Each member of the CPI workforce is a vital link in

ensuring the integrity of CPI. The CPI commitment to excellence is the foundation of the organization and the strength that makes it successful.

OUR FUNDAMENTAL COMMITMENTS

To our workforce members: CPI is committed to a work culture and environment that treats all workforce members with fairness, dignity, and respect, and affords them an opportunity to grow, to develop professionally, and to work in a team environment where all ideas are considered.

To our clients: CPI is committed to quality health care that is sensitive, compassionate, promptly delivered, and grounded in the affirmations of self-determination, recovery and choice.

To our client families and caregivers: CPI is committed to the full and integral incorporation of client families, caregivers and other natural supports as part of each client's movement toward recovery. CPI acknowledges and advances the inclusion of clients' innate and adopted cultures and upholds the diversity of these systems.

To our business associates: CPI is committed to fair competition among prospective business associates and vendors and the sense of responsibility required of a good customer.

To our community collaborators: CPI is committed to understanding the particular needs of the communities served and bridging identified gaps with focused health services that are client and family driven, recovery-oriented, respectful of cultural differences and that foster hope and determination. CPI recognizes a commitment to education and support for events that promote collaboration and diversity.

To our funding and regulatory entities: CPI is committed to an environment in which compliance with rules, regulations and sound business practices is woven into the corporate culture. CPI accepts the responsibility to aggressively self-govern and monitor adherence to the requirements of law, regulation, contractual requirements and our Code of Conduct.

PROFESSIONAL EXCELLENCE

Workforce members

While all CPI workforce members are obligated to follow the Code of Conduct, CPI leaders set the example and are, in every respect, a model for other employees. They must ensure that those on their teams have sufficient information to comply with laws, regulations, and policies, as well as the resources to resolve ethical dilemmas. They must help create a culture within CPI that promotes the highest standards of ethics and compliance. This culture must encourage all CPI workforce members to share concerns when they arise.

In the normal day-to-day functions of CPI, there are issues that occur that relate to how people in the organization deal with one another. It is impossible to foresee all of these, and many do not require explicit treatment in a document like this. A few routinely arise, however, and this document addresses these circumstances.

Equal Opportunity

CPI workforce members provide a wide complement of talents that contribute greatly to organizational success. CPI is committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity and respect. CPI complies with all laws, regulations, and policies related to non-discrimination in personnel actions. Such actions include recruitment, hiring, workforce reductions, transfers, terminations, performance evaluations, training, compensation, corrective action, and promotions.

Freedom from Harassment

Each CPI workforce member has the right to work in an environment free of harassment. Harassment based on diverse characteristics or cultural backgrounds is not tolerated and any form of sexual harassment is strictly prohibited. Harassment also includes workplace violence in the form of robbery or other commercial crimes, stalking, and violence directed at CPI. Any CPI workforce member who observes or experiences any form of harassment is responsible for reporting the incident. *First*, workforce members should speak with their supervisor. If speaking with an immediate supervisor is not possible or the conduct pertains to the immediate supervisor,

workforce members should speak with the supervisor's supervisor, another member of the CPI management team or contact Human Resources.

Alcohol and Drug Free Environment

To protect the interests of colleagues and clients, CPI is committed to an alcohol and drug- free work environment. All workforce members must report for work free of the influence of alcohol and illegal drugs.

Conflict of Interest

A conflict of interest may occur if a workforce member's outside activities or personal interests influence or appear to influence his/her ability to make objective decisions in the course of performing job responsibilities. A conflict of interest may also exist if the demands of any outside activities hinder or distract workforce members from the performance of their jobs or cause them to use CPI resources for other than CPI purposes. It is the personal obligation of each CPI workforce member to ensure that he/she remains free of conflicts of interest in the performance of his/her responsibilities at CPI. If a workforce member encounters any question about whether an outside activity might constitute a conflict of interest, consultation with and approval by the Corporate Compliance Officer is required before pursuing the activity.

Excluded Parties

The US Department of Health and Human Services under the Office of the Inspector General can exclude or prevent individuals or entities from participating in Medicare, Medicaid, and other federal health care programs. Exclusion means that no program payments will be made for items or services furnished, ordered, or prescribed by the excluded individual or entity. The prohibition against federal program payment for items or services furnished by excluded individuals or entities also extends to payment for administrative and management services that are not directly related to patient care but are necessary components of providing items and services to federal program beneficiaries. CPI workforce members must not be excluded in this manner. **Community Collaborators**

Competitive Procurement

CPI maintains the highest standards of integrity and objectivity in dealing with providers, contractors, consultants, and vendors. CPI manages these relationships in a fair and reasonable manner, consistent with all applicable laws and good business practices. CPI promotes competitive procurement. CPI source selection and determination of contract awards are made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, and maintenance of adequate resources for optimal service. Decisions are made on the party's ability to meet the needs of CPI and not on personal relationships and friendships.

Gifts and Gratuities

CPI workforce members are prohibited from accepting or giving gifts or gratuities beyond common business courtesies of nominal value. Under no circumstances do workforce members accept or give kickbacks in return for improperly obtaining, influencing, or rewarding favorable treatment in obtaining contracts, services, referrals, goods or business.

Funding and Regulatory Entities

CPI takes great care to assure all billings to government payors, commercial insurance payors and clients are true and accurate and conform to all pertinent federal and state laws and regulations. CPI provides workforce members with the information and education they need to comply fully with all applicable laws, regulations and conditions of participation. CPI prohibits any workforce member or provider from knowingly presenting or causing to be presented claims for payment or approval which are false or fraudulent. CPI is forthright in dealing with any billing inquiries. Requests for information are answered with complete, factual, and accurate information. CPI cooperates with and is courteous to all surveyors and auditors and provides them with the information to which they are entitled.

DISCIPLINARY ACTIONS

Workforce members whose conduct is not in accord with established standards and expectations may be subject to disciplinary action. Disciplinary action is defined as supervisory or management actions which are designed to fit the nature of the problem, offense, or violation. Whether and to what extent progressive discipline will be used is at the discretion of CPI. Disciplinary action may be in the form of counseling, oral warning, written warning, Performance Improvement Plan, Employee Development Plan, suspension/administrative leave, or dismissal. Workforce members may initiate the Dispute Resolution Process to challenge disciplinary action taken, with the exception of dismissal.

Although CPI will attempt to provide Workforce members an opportunity to improve their conduct to a satisfactory level, at times the appropriate disciplinary action for a Workforce member's conduct may be immediate dismissal without prior warning. The CEO will approve any dismissals prior to action being taken. Since there are a wide variety of unpredictable, individual situations, there is latitude for the exercise of supervisory judgment as to the severity of the disciplinary action. All disciplinary actions must be coordinated with the Chief Human Resources Officer prior to any disciplinary action being taken.

CARE EXCELLENCE***Clients Rights***

In promotion and protection of clients' rights, each client and his/her personal representative will be afforded appropriate confidentiality, privacy, security and protective services, opportunity for resolution of complaints, and services in the most community-integrated environment. Clients are treated in a manner that preserves their dignity, autonomy, self-determination and self-esteem, civil rights, and involvement in their own journey of recovery. Clients receiving healthcare services have clearly defined rights. To honor and uphold these rights, the CPI workforce must:

- Protect all clients from physical, emotional, verbal or sexual abuse, neglect or exploitation.
- Protect all aspects of client privacy and confidentiality.
- Obtain written authorization from clients or their legal representatives before disclosing personal, financial or medical information to anyone outside the CPI network, unless otherwise permitted by law.
- Limit access to clients' protected health information to CPI workforce members who need such information to perform their jobs.
- Respect the right of clients and their legal representatives to participate in decisions about their care and to be provided with adequate information to make informed decisions.
- Respect the right of clients and their legal representatives to access and/or amend their medical records as requested.
- Recognize that clients have the right to consent to or refuse care.
- Protect the right of clients to be free from physical or chemical restraints.

In the promotion and protection of each client's rights, each client is afforded appropriate confidentiality, privacy, security and protective services, opportunity for resolution of complaints and pastoral or spiritual care.

Protected Health Information

CPI collects information about clients to provide quality care. CPI realizes the sensitive nature of this information and is committed to maintaining its confidentiality. CPI does not disclose protected health information to others unless it is necessary to serve the client or is required by law. CPI workforce members must never disclose protected health information if such action violates the privacy rights of our clients. CPI workforce members are only given access to the minimum necessary protected health information to perform their duty assignments.

Non-Discrimination

CPI treats all clients with respect and dignity and provides services that are requested, necessary and appropriate. CPI makes no distinction in the enrollment, oversight, or disenrollment of clients or in the services provided based on age, gender, disability, race, sexual preference, color, religion, or national origin. CPI preserves the integrity of clinical decision-making by requiring that its providers base care and service decisions on the bio- psychosocial needs of each individual client and not on financial considerations. Program eligibility may limit the types of services which are available; however, CPI makes every effort to ensure clients are served as fully as funding sources permit.

INTEGRITY CONCERNS

CPI has a specific communication and reporting process for compliance issues. Workforce members should use this process whenever there is a concern or question. It is important that individuals seek answers until all questions are answered. CPI workforce members are required to report actual or potential wrongdoing observed or suspected. Reports may involve possible violations of law, regulations, policies and procedures, or the Code of Conduct.

Course of Action

First, workforce members should speak with their supervisor. CPI supervisors have important information related to the laws, regulations, and policies that relate to specific work areas and functions. If speaking with an immediate supervisor is not possible or the conduct pertains to the immediate supervisor, workforce members should speak with the supervisor's supervisor, another client of the CPI management team or contact Human Resources. If concerns still exist, or if preferred, any workforce client may call the **Fraud and Abuse Hotline at 520-318- 6964** for assistance. All calls are confidential and may be made anonymously.

The Fraud and Abuse Hotline is available 24 hours per day, seven days per week, to report any legitimate concern about legal, ethical or quality issues. A report should be made of any observed or suspected activity that could harm a client or the agency, or which could damage CPI's reputation of ethical business practices. Callers to the Fraud and Abuse Hotline are not required to leave a name, however they must provide enough information to begin the investigation process. During this investigation, confidentiality is maintained to the fullest extent possible. A report may be made in good faith to the Fraud and Abuse Hotline without fear of reprisal or retaliation. Anyone, including a supervisor, who retaliates against a workforce member for contacting the Hotline, is subject to discipline, up to and including termination. Other avenues for reporting suspected fraud or abuse may be directed to the following:

ADHS/DBHS

Bureau of Corporate Compliance
(866) 569-4927
reportfraud@azdhs.gov

AHCCCS

Office of Inspector General
(888) 487-6686
AHCCCSFraud@azahcccs.gov

Medicare/Medicaid

Department of Health and Human Services
Office of the Inspector General
(800) 447-8477

Reports and/or complaints regarding licensed providers may be directed to one of the following:

Arizona Board of Accountancy

Attn: Enforcement Division
100 North 15th Avenue, Ste 165
Phoenix, AZ 85007
(602) 364-0804

Arizona Board of Behavioral Health Examiners

1400 West Washington Street Phoenix, AZ 85007
(602) 542-1882

Arizona Board of Nursing

4747 North 7th Street, Ste 200
Phoenix, AZ 85014
(602) 771-7800
(602) 771-7888 (fax)

Arizona Board of Osteopathic Examiners in Medicine and Surgery

9535 E Doubletree Ranch Road
Scottsdale, AZ 85258
(480) 657-7703 (480) 657-
7715 (fax)

www.azdo.gov
questions@azdo.gov

Arizona Board of Psychologist Examiners

1400 W Washington St., Ste 235
Phoenix, AZ 85007
(602) 542-8162
(602) 542-8279 (fax)

Arizona Medical Board

9545 East Doubletree Ranch Road
Scottsdale, AZ 85258
(877) 255-2212
(480) 551-2702 (fax)

Arizona Regulatory Board of Physician Assistants

9545 East Doubletree Ranch Road
Scottsdale Arizona 85258
480-551-2700

Office of Medical Facilities Licensing

Division of Licensing
150 North 18th Avenue, Fourth Floor
Phoenix, AZ 85007
(602) 364-3030
(602) 364-4764 (fax)

Bureau of Residential Facilities Licensing

Division of Licensing

Tucson Office

400 W. Congress, Suite 100

MAIN 520-325-4268 | **FAX** 520-318-6935 | 4575 E. Broadway, Tucson, AZ 85711

150 North 18th Avenue, Suite 410
Phoenix, Az 85007
(602) 364-2639 (520) 628-6991 (Fax)

Tucson, AZ 85701
(520) 628-6965

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: AZ0020

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: SPC Rural

86-6004791
160378

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 Rural

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-003, AZ-002, 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: \$382,049.00

(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 Rural 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: \$382,049

| Organization | Type | Type | Sub-Award Amount |
|-------------------------|------------------------------------|------|------------------|
| Community Partners Inc. | M. Nonprofit with 501C3 IRS Status | | \$382,049 |

2A. Project Subrecipients Detail

a. Organization Name: Community Partners Inc.

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

c. Employer or Tax Identification Number: 68-0792518

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 015294259 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 2502 N. Dodge Blvd.

Street 2:

City: Tucson

State: Arizona

Zip Code: 85716

f. Congressional District(s): AZ-003, AZ-002, 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: \$382,049

j. Contact Person

Prefix: Ms.

First Name: Chloe

Middle Name:

Last Name: Levinson

Suffix:

Title: Director of Home and Community-Based Svs

E-mail Address: chloe.levinson@communitypartnersinc.org

Confirm E-mail Address: chloe.levinson@communitypartnersinc.org

Phone Number: 520-901-6817

Extension:

Fax Number:

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** AZ0020

(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 Rural

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.

SPC Rural is a PSH project with strong ties to various mainstream resources for services. Approximately 50 individuals and families in Cochise, Graham, Greenlee, and Santa Cruz Counties are served at any given time. The project includes approximately 50 units. Most of the participants have a serious mental illness; others may have substance abuse or co-occurring disorders. CPSCA uses the VI-SPDAT to conduct an initial assessment and determine priority related to housing. The coordinated entry process is based on local communities resources.

HMIS and additional administrative costs are covered through the recipient. Supportive service costs are covered through a partnership with Cenpatico, the RBHA. Participants benefit from our housing-based case managers having close coordination with the behavioral health system, including monthly contact to coordinate service plans with the participant's primary behavioral health agency affiliation. Services available include case management, living skills, income and employment support, obtaining benefits, SOAR, and much more. Our funding streams and partnerships ensure that the vast majority of needed services are covered, with strong access to behavioral health and primary health services, Assertive Community Treatment (ACT), and others as needed. Services are offered primarily in the homes of the tenants. SPC Rural strictly follows the Housing First model, which has been central to CPSCA's contracts, policies and procedures for years. No additional barriers to entry exist besides the qualifying disabilities and homeless status. Participation in services or perceived progress is not required for participation in the project, service plans are client-centered. Street and shelter outreach is performed to enter individuals into the HMIS system, referrals are received through the coordinated entry system, and we work closely with landlords to arrange payment plans and reasonable accommodations. Housing-based case managers are trained in motivational interviewing, harm reduction, and assessment of service needs. Shelter Plus Care Rural is committed to the goals of coordinated entry to receive and house the highest-vulnerability referrals.

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="text"/> | HIV/AIDS | <input type="text"/> |
| | | 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.

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 | Partner | As needed |
| Assistance with Moving Costs | | |
| Case Management | Partner | Monthly |
| Child Care | Non-Partner | As needed |
| Education Services | Non-Partner | As needed |
| Employment Assistance and Job Training | Partner | Monthly |
| Food | Partner | As needed |
| 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 | As needed |
| Substance Abuse Treatment Services | Partner | Weekly |
| Transportation | Partner | 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 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: 49

Total Beds: 62

Total Dedicated CH Beds: 0

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 30 | 35 |
| Scattered-site apartments (...) | --- | 11 | 14 |
| Scattered-site apartments (...) | --- | 8 | 13 |

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: 30

b. Beds: 35

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

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

4. Address:

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

Street 1: 44 E. Broadway, Suite 100

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85701

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

049003 Cochise 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: 11

b. Beds: 14

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

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

4. Address:

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

Street 1: 44 E. Broadway, Suite 100

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85701

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

049009 Graham 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: 8

b. Beds: 13

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

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

4. Address:

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

Street 1: 44 E. Broadway, Suite 100

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85701

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

049023 Santa Cruz 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 | 12 | 37 | | 49 |
| | | | | |
| 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 | 12 | 32 | | 44 |
| Adults ages 18-24 | 0 | 5 | | 5 |
| Accompanied Children under age 18 | 13 | | | 13 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 25 | 37 | 0 | 62 |

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 | 1 | 7 | 0 | 12 | 7 | 0 | 0 | 0 |
| Adults ages 18-24 | | 0 | | | | | | | 0 | 0 |
| Children under age 18 | | | | | | | | | | 13 |
| Total Persons | 0 | 0 | 1 | 7 | 0 | 12 | 7 | 0 | 0 | 13 |

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 | | | 3 | 13 | 0 | 27 | | | | |
| Adults ages 18-24 | | | | 2 | | 3 | | | | |
| Total Persons | 0 | 0 | 3 | 15 | 0 | 30 | 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/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 do not have a specific condition.

5C. Outreach for Participants

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

| | |
|------|---|
| 90% | Directly from the street or other locations not meant for human habitation. |
| 10% | Directly from emergency shelters. |
| | Directly from safe havens. |
| | 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: | | \$361,752 | |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | 49 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | AZ - Graham County, AZ (0400999999) | 11 | \$84,468 |
| TRA | AZ - Santa Cruz County, AZ (0402399999) | 8 | \$51,144 |
| TRA | AZ - Sierra Vista-Douglas, AZ MSA (04... | 30 | \$226,140 |

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Graham County, AZ (0400999999)

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 | \$427 | \$427 | x | 12 | = | \$0 |
| 0 Bedroom | 2 | x | \$569 | \$569 | x | 12 | = | \$13,656 |
| 1 Bedroom | 6 | x | \$615 | \$615 | x | 12 | = | \$44,280 |
| 2 Bedrooms | 3 | x | \$737 | \$737 | x | 12 | = | \$26,532 |
| 3 Bedrooms | | x | \$1,073 | \$1,073 | x | 12 | = | \$0 |
| 4 Bedrooms | | x | \$1,282 | \$1,282 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,474 | \$1,474 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$1,667 | \$1,667 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$1,859 | \$1,859 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,051 | \$2,051 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,244 | \$2,244 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 11 | | | | | | | \$84,468 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$84,468 |

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 - Santa Cruz County, AZ (0402399999)

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 | \$382 | \$382 | x | 12 | = \$0 |
| 0 Bedroom | 1 | x | \$509 | \$509 | x | 12 | = \$6,108 |
| 1 Bedroom | 6 | x | \$512 | \$512 | x | 12 | = \$36,864 |
| 2 Bedrooms | 1 | x | \$681 | \$681 | x | 12 | = \$8,172 |
| 3 Bedrooms | | x | \$929 | \$929 | x | 12 | = \$0 |
| 4 Bedrooms | | x | \$939 | \$939 | x | 12 | = \$0 |
| 5 Bedrooms | | x | \$1,080 | \$1,080 | x | 12 | = \$0 |
| 6 Bedrooms | | x | \$1,221 | \$1,221 | x | 12 | = \$0 |
| 7 Bedrooms | | x | \$1,362 | \$1,362 | x | 12 | = \$0 |
| 8 Bedrooms | | x | \$1,502 | \$1,502 | x | 12 | = \$0 |
| 9 Bedrooms | | x | \$1,643 | \$1,643 | x | 12 | = \$0 |
| Total Units and Annual Assistance Requested | 8 | | | | | | \$51,144 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$51,144 |

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 - 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 | 1 | x | \$594 | \$594 | x | 12 | = \$7,128 |
| 1 Bedroom | 25 | x | \$598 | \$598 | x | 12 | = \$179,400 |

| | | | | | | | | |
|--|----|---|---------|---------|---|----|---|-----------|
| 2 Bedrooms | 3 | x | \$747 | \$747 | x | 12 | = | \$26,892 |
| 3 Bedrooms | 1 | x | \$1,060 | \$1,060 | x | 12 | = | \$12,720 |
| 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 | 30 | | | | | | | \$226,140 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$226,140 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$24,994 |
| Total Value of In-Kind Commitments: | \$70,518 |
| Total Value of All Commitments: | \$95,512 |

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 | \$24,994 |
| Yes | In-Kind | Private | CPSA | 08/15/2018 | \$70,518 |

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: \$24,994

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: CPSA
(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: \$70,518
- 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 | \$361,752 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$361,752 |
| 7. Admin (Up to 10%) | \$20,297 |
| 8. Total Assistance plus Admin Requested | \$382,049 |
| 9. Cash Match | \$24,994 |
| 10. In-Kind Match | \$70,518 |
| 11. Total Match | \$95,512 |
| 12. Total Budget | \$477,561 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Lodestar Day Reso... | 08/06/2018 |
| 2) Other Attachmenbt | No | Code of Conduct | 08/06/2018 |
| 3) Other Attachment | No | Survey on Ensurin... | 08/06/2018 |

Attachment Details

Document Description: Lodestar Day Resource Center 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 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):

Application did not import. Completed all required sections of the application.

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

8B Submission Summary

| 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) | 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 | 09/03/2018 |
| 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 | 09/03/2018 |
| 5A. Households | 08/06/2018 |
| 5B. Subpopulations | 08/06/2018 |
| 5C. Outreach | 09/03/2018 |
| 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 |

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
1100 COMMERCE STREET
DALLAS, TX 75242-0000

DEPARTMENT OF THE TREASURY

Date: SEP 21 1995

COMMUNITY PARTNERSHIP OF SOUTHERN
ARIZONA (CPSA) INC.
343 W FRANKLIN
TUCSON, AZ 85701

Employer Identification Number:

86-0792518

Case Number:

755214001

Contact Person:

ANNETTE SMITH

Contact Telephone Number:

(214) 767-6023

Accounting Period Ending:

June 30

Foundation Status Classification:

509(a)(2)

Advance Ruling Period Begins:

February 10, 1995

Advance Ruling Period Ends:

June 30, 1999

Addendum Applies:

Yes

RECEIVED

SEP 26 1995

CPSA
FINANCE

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 section 509(a)(2).

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)

COMMUNITY PARTNERSHIP OF SOUTHERN

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.

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.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable

COMMUNITY PARTNERSHIP OF SOUTHERN

cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

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

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

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,



Bobby E. Scott
District Director

Enclosure(s):
Form 872-C

COMMUNITY PARTNERSHIP OF SOUTHERN

In this letter, we have not determined the effect on your tax-exempt status of financing your activities with the proceeds of tax-exempt bonds since you have not indicated that you intend to use such methods now or in the future.

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

Date: NOV 28 1995

COMMUNITY PARTNERSHIP OF SOUTHERN
ARIZONA CPSA INC
4575 EAST BROADWAY BLVD
TUCSON, AZ 85711

DEPARTMENT OF THE TREASURY

Employer Identification Number:
86-0792518

DLN:
17053268722019

Contact Person:
DIANA L BOYNTON

Contact Telephone Number:
(877) 829-5500

Our Letter Dated:
September, 1995

Addendum Applies:
No

RECEIVED
ID# 31384
DEC 6 1995
FINANCE

Dear Applicant:

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

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

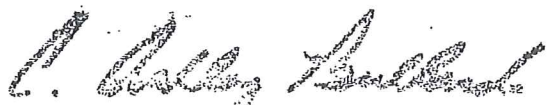
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the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

If we have indicated 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 resolve any questions about your private foundation status, please keep it in your permanent records.

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

Sincerely yours,



District Director

August 15, 2017

Point of Contact:

Bethanne Enoki, MA, SPHR, SHRM-SCP
Chief Human Resources Officer
Bethanne.Enoki@communitypartnersinc.org
4575 E Broadway Blvd.
Tucson, AZ 85711
520.318.6909

Subject: Code of Conduct – Format Revised and Approved 8/14/17:

PURPOSE

The purpose of the Code of Conduct is to establish the scope, responsibilities, operational guidelines, controls and activities used by Community Partners, Inc. and its subsidiaries, (hereinafter CPI) to foster ethical conduct throughout its own and its providers' operations; and to confirm that CPI upholds and supports proper compliance conduct and provides its workforce with specific ethical and compliance guidelines.

SCOPE

The CPI Code of Conduct applies to all CPI workforce members, including employees, volunteers, trainees, interns, agency temporaries and members of the Board of Directors.

ESTABLISHING EXCELLENCE

The single greatest source of advantage for any organization is its people. CPI strives to build an aligned and innovative team by providing the opportunity for everyone to do meaningful and challenging work. People must be able to continuously develop their professional potential while contributing to significant achievements in collaboration with talented colleagues.

The CPI workforce has an obligation to act in ways that will merit the trust, confidence and respect of the health care profession, community stakeholders and the general public. Therefore, the CPI workforce should lead professional lives that embody an exemplary system of values and ethics.

In fulfilling their commitments and obligations to community stakeholders, CPI workforce members function as advocates. Every management decision affects the health and well-being of both individuals and communities. CPI workforce members must carefully evaluate the possible outcomes of their decisions. As with all organizations involved in the provision of health care services, CPI workforce members must work to safeguard and foster the rights, interests and prerogatives of the people they serve. The role of the advocate requires that CPI workforce members speak out and take actions necessary to promote such rights, interests and prerogatives if these are threatened. CPI workforce members have ethical responsibilities to every stakeholder in the health care constituency, a fundamental principle that holds true for every individual in the CPI workforce. CPI workforce members must hold themselves accountable, individually and as an organization, for the integrity of their decisions and actions.

The Code of Conduct builds on the organization's commitment to an ethical work environment. It highlights standards of proper legal, ethical and professional behavior and describes how any legal, ethical or quality concern can be communicated so it can be swiftly resolved. The Code of Conduct is not meant to cover every possible situation, but to serve as a guide. Workforce members are referred to their supervisors, internal operating policies and procedures for further guidance. Workforce members must exercise their good judgment and abide by the standards of their chosen profession. Each member of the CPI workforce is a vital link in

ensuring the integrity of CPI. The CPI commitment to excellence is the foundation of the organization and the strength that makes it successful.

OUR FUNDAMENTAL COMMITMENTS

To our workforce members: CPI is committed to a work culture and environment that treats all workforce members with fairness, dignity, and respect, and affords them an opportunity to grow, to develop professionally, and to work in a team environment where all ideas are considered.

To our clients: CPI is committed to quality health care that is sensitive, compassionate, promptly delivered, and grounded in the affirmations of self-determination, recovery and choice.

To our client families and caregivers: CPI is committed to the full and integral incorporation of client families, caregivers and other natural supports as part of each client's movement toward recovery. CPI acknowledges and advances the inclusion of clients' innate and adopted cultures and upholds the diversity of these systems.

To our business associates: CPI is committed to fair competition among prospective business associates and vendors and the sense of responsibility required of a good customer.

To our community collaborators: CPI is committed to understanding the particular needs of the communities served and bridging identified gaps with focused health services that are client and family driven, recovery-oriented, respectful of cultural differences and that foster hope and determination. CPI recognizes a commitment to education and support for events that promote collaboration and diversity.

To our funding and regulatory entities: CPI is committed to an environment in which compliance with rules, regulations and sound business practices is woven into the corporate culture. CPI accepts the responsibility to aggressively self-govern and monitor adherence to the requirements of law, regulation, contractual requirements and our Code of Conduct.

PROFESSIONAL EXCELLENCE

Workforce members

While all CPI workforce members are obligated to follow the Code of Conduct, CPI leaders set the example and are, in every respect, a model for other employees. They must ensure that those on their teams have sufficient information to comply with laws, regulations, and policies, as well as the resources to resolve ethical dilemmas. They must help create a culture within CPI that promotes the highest standards of ethics and compliance. This culture must encourage all CPI workforce members to share concerns when they arise.

In the normal day-to-day functions of CPI, there are issues that occur that relate to how people in the organization deal with one another. It is impossible to foresee all of these, and many do not require explicit treatment in a document like this. A few routinely arise, however, and this document addresses these circumstances.

Equal Opportunity

CPI workforce members provide a wide complement of talents that contribute greatly to organizational success. CPI is committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity and respect. CPI complies with all laws, regulations, and policies related to non-discrimination in personnel actions. Such actions include recruitment, hiring, workforce reductions, transfers, terminations, performance evaluations, training, compensation, corrective action, and promotions.

Freedom from Harassment

Each CPI workforce member has the right to work in an environment free of harassment. Harassment based on diverse characteristics or cultural backgrounds is not tolerated and any form of sexual harassment is strictly prohibited. Harassment also includes workplace violence in the form of robbery or other commercial crimes, stalking, and violence directed at CPI. Any CPI workforce member who observes or experiences any form of harassment is responsible for reporting the incident. *First*, workforce members should speak with their supervisor. If speaking with an immediate supervisor is not possible or the conduct pertains to the immediate supervisor,

workforce members should speak with the supervisor's supervisor, another member of the CPI management team or contact Human Resources.

Alcohol and Drug Free Environment

To protect the interests of colleagues and clients, CPI is committed to an alcohol and drug- free work environment. All workforce members must report for work free of the influence of alcohol and illegal drugs.

Conflict of Interest

A conflict of interest may occur if a workforce member's outside activities or personal interests influence or appear to influence his/her ability to make objective decisions in the course of performing job responsibilities. A conflict of interest may also exist if the demands of any outside activities hinder or distract workforce members from the performance of their jobs or cause them to use CPI resources for other than CPI purposes. It is the personal obligation of each CPI workforce member to ensure that he/she remains free of conflicts of interest in the performance of his/her responsibilities at CPI. If a workforce member encounters any question about whether an outside activity might constitute a conflict of interest, consultation with and approval by the Corporate Compliance Officer is required before pursuing the activity.

Excluded Parties

The US Department of Health and Human Services under the Office of the Inspector General can exclude or prevent individuals or entities from participating in Medicare, Medicaid, and other federal health care programs. Exclusion means that no program payments will be made for items or services furnished, ordered, or prescribed by the excluded individual or entity. The prohibition against federal program payment for items or services furnished by excluded individuals or entities also extends to payment for administrative and management services that are not directly related to patient care but are necessary components of providing items and services to federal program beneficiaries. CPI workforce members must not be excluded in this manner. **Community Collaborators**

Competitive Procurement

CPI maintains the highest standards of integrity and objectivity in dealing with providers, contractors, consultants, and vendors. CPI manages these relationships in a fair and reasonable manner, consistent with all applicable laws and good business practices. CPI promotes competitive procurement. CPI source selection and determination of contract awards are made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, and maintenance of adequate resources for optimal service. Decisions are made on the party's ability to meet the needs of CPI and not on personal relationships and friendships.

Gifts and Gratuities

CPI workforce members are prohibited from accepting or giving gifts or gratuities beyond common business courtesies of nominal value. Under no circumstances do workforce members accept or give kickbacks in return for improperly obtaining, influencing, or rewarding favorable treatment in obtaining contracts, services, referrals, goods or business.

Funding and Regulatory Entities

CPI takes great care to assure all billings to government payors, commercial insurance payors and clients are true and accurate and conform to all pertinent federal and state laws and regulations. CPI provides workforce members with the information and education they need to comply fully with all applicable laws, regulations and conditions of participation. CPI prohibits any workforce member or provider from knowingly presenting or causing to be presented claims for payment or approval which are false or fraudulent. CPI is forthright in dealing with any billing inquiries. Requests for information are answered with complete, factual, and accurate information. CPI cooperates with and is courteous to all surveyors and auditors and provides them with the information to which they are entitled.

DISCIPLINARY ACTIONS

Workforce members whose conduct is not in accord with established standards and expectations may be subject to disciplinary action. Disciplinary action is defined as supervisory or management actions which are designed to fit the nature of the problem, offense, or violation. Whether and to what extent progressive discipline will be used is at the discretion of CPI. Disciplinary action may be in the form of counseling, oral warning, written warning, Performance Improvement Plan, Employee Development Plan, suspension/administrative leave, or dismissal. Workforce members may initiate the Dispute Resolution Process to challenge disciplinary action taken, with the exception of dismissal.

Although CPI will attempt to provide Workforce members an opportunity to improve their conduct to a satisfactory level, at times the appropriate disciplinary action for a Workforce member's conduct may be immediate dismissal without prior warning. The CEO will approve any dismissals prior to action being taken. Since there are a wide variety of unpredictable, individual situations, there is latitude for the exercise of supervisory judgment as to the severity of the disciplinary action. All disciplinary actions must be coordinated with the Chief Human Resources Officer prior to any disciplinary action being taken.

CARE EXCELLENCE***Clients Rights***

In promotion and protection of clients' rights, each client and his/her personal representative will be afforded appropriate confidentiality, privacy, security and protective services, opportunity for resolution of complaints, and services in the most community-integrated environment. Clients are treated in a manner that preserves their dignity, autonomy, self-determination and self-esteem, civil rights, and involvement in their own journey of recovery. Clients receiving healthcare services have clearly defined rights. To honor and uphold these rights, the CPI workforce must:

- Protect all clients from physical, emotional, verbal or sexual abuse, neglect or exploitation.
- Protect all aspects of client privacy and confidentiality.
- Obtain written authorization from clients or their legal representatives before disclosing personal, financial or medical information to anyone outside the CPI network, unless otherwise permitted by law.
- Limit access to clients' protected health information to CPI workforce members who need such information to perform their jobs.
- Respect the right of clients and their legal representatives to participate in decisions about their care and to be provided with adequate information to make informed decisions.
- Respect the right of clients and their legal representatives to access and/or amend their medical records as requested.
- Recognize that clients have the right to consent to or refuse care.
- Protect the right of clients to be free from physical or chemical restraints.

In the promotion and protection of each client's rights, each client is afforded appropriate confidentiality, privacy, security and protective services, opportunity for resolution of complaints and pastoral or spiritual care.

Protected Health Information

CPI collects information about clients to provide quality care. CPI realizes the sensitive nature of this information and is committed to maintaining its confidentiality. CPI does not disclose protected health information to others unless it is necessary to serve the client or is required by law. CPI workforce members must never disclose protected health information if such action violates the privacy rights of our clients. CPI workforce members are only given access to the minimum necessary protected health information to perform their duty assignments.

Non-Discrimination

CPI treats all clients with respect and dignity and provides services that are requested, necessary and appropriate. CPI makes no distinction in the enrollment, oversight, or disenrollment of clients or in the services provided based on age, gender, disability, race, sexual preference, color, religion, or national origin. CPI preserves the integrity of clinical decision-making by requiring that its providers base care and service decisions on the bio- psychosocial needs of each individual client and not on financial considerations. Program eligibility may limit the types of services which are available; however, CPI makes every effort to ensure clients are served as fully as funding sources permit.

INTEGRITY CONCERNS

CPI has a specific communication and reporting process for compliance issues. Workforce members should use this process whenever there is a concern or question. It is important that individuals seek answers until all questions are answered. CPI workforce members are required to report actual or potential wrongdoing observed or suspected. Reports may involve possible violations of law, regulations, policies and procedures, or the Code of Conduct.

Course of Action

First, workforce members should speak with their supervisor. CPI supervisors have important information related to the laws, regulations, and policies that relate to specific work areas and functions. If speaking with an immediate supervisor is not possible or the conduct pertains to the immediate supervisor, workforce members should speak with the supervisor's supervisor, another client of the CPI management team or contact Human Resources. If concerns still exist, or if preferred, any workforce client may call the **Fraud and Abuse Hotline at 520-318- 6964** for assistance. All calls are confidential and may be made anonymously.

The Fraud and Abuse Hotline is available 24 hours per day, seven days per week, to report any legitimate concern about legal, ethical or quality issues. A report should be made of any observed or suspected activity that could harm a client or the agency, or which could damage CPI's reputation of ethical business practices. Callers to the Fraud and Abuse Hotline are not required to leave a name, however they must provide enough information to begin the investigation process. During this investigation, confidentiality is maintained to the fullest extent possible. A report may be made in good faith to the Fraud and Abuse Hotline without fear of reprisal or retaliation. Anyone, including a supervisor, who retaliates against a workforce member for contacting the Hotline, is subject to discipline, up to and including termination. Other avenues for reporting suspected fraud or abuse may be directed to the following:

ADHS/DBHS

Bureau of Corporate Compliance
(866) 569-4927
reportfraud@azdhs.gov

AHCCCS

Office of Inspector General
(888) 487-6686
AHCCCSFraud@azahcccs.gov

Medicare/Medicaid

Department of Health and Human Services
Office of the Inspector General
(800) 447-8477

Reports and/or complaints regarding licensed providers may be directed to one of the following:

Arizona Board of Accountancy

Attn: Enforcement Division
100 North 15th Avenue, Ste 165
Phoenix, AZ 85007
(602) 364-0804

Arizona Board of Behavioral Health Examiners

1400 West Washington Street Phoenix, AZ 85007
(602) 542-1882

Arizona Board of Nursing

4747 North 7th Street, Ste 200
Phoenix, AZ 85014
(602) 771-7800
(602) 771-7888 (fax)

Arizona Board of Osteopathic Examiners in Medicine and Surgery

9535 E Doubletree Ranch Road
Scottsdale, AZ 85258
(480) 657-7703 (480) 657-
7715 (fax)

www.azdo.gov
questions@azdo.gov

Arizona Board of Psychologist Examiners

1400 W Washington St., Ste 235
Phoenix, AZ 85007
(602) 542-8162
(602) 542-8279 (fax)

Arizona Medical Board

9545 East Doubletree Ranch Road
Scottsdale, AZ 85258
(877) 255-2212
(480) 551-2702 (fax)

Arizona Regulatory Board of Physician Assistants

9545 East Doubletree Ranch Road
Scottsdale Arizona 85258
480-551-2700

Office of Medical Facilities Licensing

Division of Licensing
150 North 18th Avenue, Fourth Floor
Phoenix, AZ 85007
(602) 364-3030
(602) 364-4764 (fax)

Bureau of Residential Facilities Licensing

Division of Licensing

Tucson Office

400 W. Congress, Suite 100

MAIN 520-325-4268 | **FAX** 520-318-6935 | 4575 E. Broadway, Tucson, AZ 85711

150 North 18th Avenue, Suite 410
Phoenix, Az 85007
(602) 364-2639 (520) 628-6991 (Fax)

Tucson, AZ 85701
(520) 628-6965

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 Partnership of Southern Arizona |
| Applicant's DUNS Name: | 015294259 |
| Federal Program: | NOFA for FY 2018 Continuum of Care FR-6200-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: 09/10/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0020

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: SPC Rural

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-003, AZ-002, 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: 09/10/2018

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: \$382,049.00

(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 Rural 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 | | 09/10/2018 |

| 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: 09/10/2018

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: 09/10/2018

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: 09/10/2018

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: \$382,049

| Organization | Type | Type | Sub-Award Amount |
|-------------------------|------------------------------------|------|------------------|
| Community Partners Inc. | M. Nonprofit with 501C3 IRS Status | | \$382,049 |

2A. Project Subrecipients Detail

a. Organization Name: Community Partners Inc.

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

c. Employer or Tax Identification Number: 68-0792518

| | | | | |
|--|---------------------------|-----------|--------|--|
| | * d. Organizational DUNS: | 015294259 | PLUS 4 | |
|--|---------------------------|-----------|--------|--|

e. Physical Address

Street 1: 2502 N. Dodge Blvd.

Street 2:

City: Tucson

State: Arizona

Zip Code: 85716

f. Congressional District(s): AZ-003, AZ-002, 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: \$382,049

j. Contact Person

Prefix: Ms.

First Name: Chloe

Middle Name:

Last Name: Levinson

Suffix:

Title: Director of Home and Community-Based Svs

E-mail Address: chloe.levinson@communitypartnersinc.org

Confirm E-mail Address: chloe.levinson@communitypartnersinc.org

Phone Number: 520-901-6817

Extension:

Fax Number:

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** AZ0020

(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 Rural

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.

SPC Rural is a PSH project with strong ties to various mainstream resources for services. Approximately 50 individuals and families in Cochise, Graham, Greenlee, and Santa Cruz Counties are served at any given time. The project includes approximately 50 units. The participants have a disabling condition; others may have substance abuse or co-occurring disorders. CPSCA uses the VI-SPDAT to conduct an initial assessment and determine priority related to housing. The coordinated entry process is based on local communities resources.

HMIS and additional administrative costs are covered through the recipient. Supportive service costs are covered through a partnership with Cenpatico, the RBHA. Participants benefit from our housing-based case managers having close coordination with the behavioral health system, including monthly contact to coordinate service plans with the participant's primary behavioral health agency affiliation. Services available include case management, living skills, income and employment support, obtaining benefits, SOAR, and much more. Our funding streams and partnerships ensure that the vast majority of needed services are covered, with strong access to behavioral health and primary health services, Assertive Community Treatment (ACT), and others as needed. Services are offered primarily in the homes of the tenants. SPC Rural strictly follows the Housing First model, which has been central to CPSCA's contracts, policies and procedures for years. No additional barriers to entry exist besides the qualifying disabilities and homeless status. Participation in services or perceived progress is not required for participation in the project, service plans are client-centered. Street and shelter outreach is performed to enter individuals into the HMIS system, referrals are received through the coordinated entry system, and we work closely with landlords to arrange payment plans and reasonable accommodations. Housing-based case managers are trained in motivational interviewing, harm reduction, and assessment of service needs. Shelter Plus Care Rural is committed to the goals of coordinated entry to receive and house the highest-vulnerability referrals.

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="text"/> | HIV/AIDS | <input type="text"/> |
| | | 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.

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 | Partner | As needed |
| Assistance with Moving Costs | | |
| Case Management | Partner | Monthly |
| Child Care | Non-Partner | As needed |
| Education Services | Non-Partner | As needed |
| Employment Assistance and Job Training | Partner | Monthly |
| Food | Partner | As needed |
| 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 | As needed |
| Substance Abuse Treatment Services | Partner | Weekly |
| Transportation | Partner | 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 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: 49

Total Beds: 62

Total Dedicated CH Beds: 0

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 30 | 35 |
| Scattered-site apartments (...) | --- | 11 | 14 |
| Scattered-site apartments (...) | --- | 8 | 13 |

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: 30

b. Beds: 35

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

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

4. Address:

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

Street 1: 44 E. Broadway, Suite 100

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85701

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

049003 Cochise 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: 11

b. Beds: 14

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

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

4. Address:

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

Street 1: 44 E. Broadway, Suite 100

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85701

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

049009 Graham 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: 8

b. Beds: 13

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

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

4. Address:

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

Street 1: 44 E. Broadway, Suite 100

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85701

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

049023 Santa Cruz 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 | 12 | 37 | | 49 |
| | | | | |
| 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 | 12 | 32 | | 44 |
| Adults ages 18-24 | 0 | 5 | | 5 |
| Accompanied Children under age 18 | 13 | | | 13 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 25 | 37 | 0 | 62 |

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 | 1 | 7 | 0 | 12 | 7 | 0 | 0 | 0 |
| Adults ages 18-24 | | 0 | | | | | | | 0 | 0 |
| Children under age 18 | | | | | | | | | | 13 |
| Total Persons | 0 | 0 | 1 | 7 | 0 | 12 | 7 | 0 | 0 | 13 |

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 | | | 3 | 13 | 0 | 27 | | | | |
| Adults ages 18-24 | | | | 2 | | 3 | | | | |
| Total Persons | 0 | 0 | 3 | 15 | 0 | 30 | 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/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 do not have a specific condition.

5C. Outreach for Participants

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

| | |
|------|---|
| 90% | Directly from the street or other locations not meant for human habitation. |
| 10% | Directly from emergency shelters. |
| | Directly from safe havens. |
| | 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: | | \$361,752 | |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | 49 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | AZ - Graham County, AZ (0400999999) | 11 | \$84,468 |
| TRA | AZ - Santa Cruz County, AZ (0402399999) | 8 | \$51,144 |
| TRA | AZ - Sierra Vista-Douglas, AZ MSA (04... | 30 | \$226,140 |

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Graham County, AZ (0400999999)

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 | \$427 | \$427 | x | 12 | = | \$0 |
| 0 Bedroom | 2 | x | \$569 | \$569 | x | 12 | = | \$13,656 |
| 1 Bedroom | 6 | x | \$615 | \$615 | x | 12 | = | \$44,280 |
| 2 Bedrooms | 3 | x | \$737 | \$737 | x | 12 | = | \$26,532 |
| 3 Bedrooms | | x | \$1,073 | \$1,073 | x | 12 | = | \$0 |
| 4 Bedrooms | | x | \$1,282 | \$1,282 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,474 | \$1,474 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$1,667 | \$1,667 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$1,859 | \$1,859 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,051 | \$2,051 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,244 | \$2,244 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 11 | | | | | | | \$84,468 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$84,468 |

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 - Santa Cruz County, AZ (0402399999)

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 | \$382 | \$382 | x | 12 | = | \$0 |
| 0 Bedroom | 1 | x | \$509 | \$509 | x | 12 | = | \$6,108 |
| 1 Bedroom | 6 | x | \$512 | \$512 | x | 12 | = | \$36,864 |
| 2 Bedrooms | 1 | x | \$681 | \$681 | x | 12 | = | \$8,172 |
| 3 Bedrooms | | x | \$929 | \$929 | x | 12 | = | \$0 |
| 4 Bedrooms | | x | \$939 | \$939 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,080 | \$1,080 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$1,221 | \$1,221 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$1,362 | \$1,362 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$1,502 | \$1,502 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$1,643 | \$1,643 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 8 | | | | | | | \$51,144 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$51,144 |

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 - 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 | 1 | x | \$594 | \$594 | x | 12 | = | \$7,128 |
| 1 Bedroom | 25 | x | \$598 | \$598 | x | 12 | = | \$179,400 |

| | | | | | | | | |
|--|----|---|---------|---------|---|----|---|-----------|
| 2 Bedrooms | 3 | x | \$747 | \$747 | x | 12 | = | \$26,892 |
| 3 Bedrooms | 1 | x | \$1,060 | \$1,060 | x | 12 | = | \$12,720 |
| 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 | 30 | | | | | | | \$226,140 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$226,140 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$24,994 |
| Total Value of In-Kind Commitments: | \$70,518 |
| Total Value of All Commitments: | \$95,512 |

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 | \$24,994 |
| Yes | In-Kind | Private | CPSA | 08/15/2018 | \$70,518 |

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: \$24,994

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: CPSA
(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: \$70,518
- 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 | \$361,752 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$361,752 |
| 7. Admin (Up to 10%) | \$20,297 |
| 8. Total Assistance plus Admin Requested | \$382,049 |
| 9. Cash Match | \$24,994 |
| 10. In-Kind Match | \$70,518 |
| 11. Total Match | \$95,512 |
| 12. Total Budget | \$477,561 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Lodestar Day Reso... | 08/06/2018 |
| 2) Other Attachmenbt | No | Code of Conduct | 08/06/2018 |
| 3) Other Attachment | No | Survey on Ensurin... | 08/06/2018 |

Attachment Details

Document Description: Lodestar Day Resource Center 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: 09/10/2018

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"/> |
| 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):

Application did not import. Completed all required sections of the application.

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

8B Submission Summary

| Page | | Last Updated |
|------------------------------------|--|-------------------|
| 1A. SF-424 Application Type | | 08/06/2018 |
| 1B. SF-424 Legal Applicant | | No Input Required |
| Renewal Project Application FY2018 | | 09/10/2018 |

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

| | |
|---|-------------------|
| 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 | 09/03/2018 |
| 3A. Project Detail | 08/06/2018 |
| 3B. Description | 09/10/2018 |
| 3C. Dedicated Plus | 08/06/2018 |
| 4A. Services | 08/06/2018 |
| 4B. Housing Type | 09/03/2018 |
| 5A. Households | 08/06/2018 |
| 5B. Subpopulations | 08/06/2018 |
| 5C. Outreach | 09/03/2018 |
| 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 |

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
1100 COMMERCE STREET
DALLAS, TX 75242-0000

DEPARTMENT OF THE TREASURY

Date: SEP 21 1995

COMMUNITY PARTNERSHIP OF SOUTHERN
ARIZONA (CPSA) INC.
343 W FRANKLIN
TUCSON, AZ 85701

Employer Identification Number:

86-0792518

Case Number:

755214001

Contact Person:

ANNETTE SMITH

Contact Telephone Number:

(214) 767-6023

Accounting Period Ending:

June 30

Foundation Status Classification:

509(a)(2)

Advance Ruling Period Begins:

February 10, 1995

Advance Ruling Period Ends:

June 30, 1999

Addendum Applies:

Yes

RECEIVED

SEP 26 1995

CPSA
FINANCE

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 section 509(a)(2).

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)

COMMUNITY PARTNERSHIP OF SOUTHERN

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.

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.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable

COMMUNITY PARTNERSHIP OF SOUTHERN

cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

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

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

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,



Bobby E. Scott
District Director

Enclosure(s):
Form 872-C

COMMUNITY PARTNERSHIP OF SOUTHERN

In this letter, we have not determined the effect on your tax-exempt status of financing your activities with the proceeds of tax-exempt bonds since you have not indicated that you intend to use such methods now or in the future.

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

Date: NOV 28 1995

COMMUNITY PARTNERSHIP OF SOUTHERN
ARIZONA CPSA INC
4575 EAST BROADWAY BLVD
TUCSON, AZ 85711

DEPARTMENT OF THE TREASURY

Employer Identification Number:
86-0792518

DLN:
17053268722019

Contact Person:
DIANA L BOYNTON

Contact Telephone Number:
(877) 829-5500

Our Letter Dated:
September, 1995

Addendum Applies:
No

RECEIVED
ID# 31384
DEC 6 1995
FINANCE

Dear Applicant:

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

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

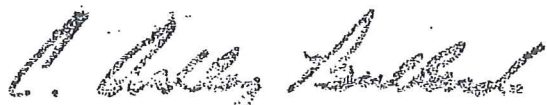
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the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

If we have indicated 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 resolve any questions about your private foundation status, please keep it in your permanent records.

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

Sincerely yours,



District Director

August 15, 2017

Point of Contact:

Bethanne Enoki, MA, SPHR, SHRM-SCP
Chief Human Resources Officer
Bethanne.Enoki@communitypartnersinc.org
4575 E Broadway Blvd.
Tucson, AZ 85711
520.318.6909

Subject: Code of Conduct – Format Revised and Approved 8/14/17:

PURPOSE

The purpose of the Code of Conduct is to establish the scope, responsibilities, operational guidelines, controls and activities used by Community Partners, Inc. and its subsidiaries, (hereinafter CPI) to foster ethical conduct throughout its own and its providers' operations; and to confirm that CPI upholds and supports proper compliance conduct and provides its workforce with specific ethical and compliance guidelines.

SCOPE

The CPI Code of Conduct applies to all CPI workforce members, including employees, volunteers, trainees, interns, agency temporaries and members of the Board of Directors.

ESTABLISHING EXCELLENCE

The single greatest source of advantage for any organization is its people. CPI strives to build an aligned and innovative team by providing the opportunity for everyone to do meaningful and challenging work. People must be able to continuously develop their professional potential while contributing to significant achievements in collaboration with talented colleagues.

The CPI workforce has an obligation to act in ways that will merit the trust, confidence and respect of the health care profession, community stakeholders and the general public. Therefore, the CPI workforce should lead professional lives that embody an exemplary system of values and ethics.

In fulfilling their commitments and obligations to community stakeholders, CPI workforce members function as advocates. Every management decision affects the health and well-being of both individuals and communities. CPI workforce members must carefully evaluate the possible outcomes of their decisions. As with all organizations involved in the provision of health care services, CPI workforce members must work to safeguard and foster the rights, interests and prerogatives of the people they serve. The role of the advocate requires that CPI workforce members speak out and take actions necessary to promote such rights, interests and prerogatives if these are threatened. CPI workforce members have ethical responsibilities to every stakeholder in the health care constituency, a fundamental principle that holds true for every individual in the CPI workforce. CPI workforce members must hold themselves accountable, individually and as an organization, for the integrity of their decisions and actions.

The Code of Conduct builds on the organization's commitment to an ethical work environment. It highlights standards of proper legal, ethical and professional behavior and describes how any legal, ethical or quality concern can be communicated so it can be swiftly resolved. The Code of Conduct is not meant to cover every possible situation, but to serve as a guide. Workforce members are referred to their supervisors, internal operating policies and procedures for further guidance. Workforce members must exercise their good judgment and abide by the standards of their chosen profession. Each member of the CPI workforce is a vital link in

ensuring the integrity of CPI. The CPI commitment to excellence is the foundation of the organization and the strength that makes it successful.

OUR FUNDAMENTAL COMMITMENTS

To our workforce members: CPI is committed to a work culture and environment that treats all workforce members with fairness, dignity, and respect, and affords them an opportunity to grow, to develop professionally, and to work in a team environment where all ideas are considered.

To our clients: CPI is committed to quality health care that is sensitive, compassionate, promptly delivered, and grounded in the affirmations of self-determination, recovery and choice.

To our client families and caregivers: CPI is committed to the full and integral incorporation of client families, caregivers and other natural supports as part of each client's movement toward recovery. CPI acknowledges and advances the inclusion of clients' innate and adopted cultures and upholds the diversity of these systems.

To our business associates: CPI is committed to fair competition among prospective business associates and vendors and the sense of responsibility required of a good customer.

To our community collaborators: CPI is committed to understanding the particular needs of the communities served and bridging identified gaps with focused health services that are client and family driven, recovery-oriented, respectful of cultural differences and that foster hope and determination. CPI recognizes a commitment to education and support for events that promote collaboration and diversity.

To our funding and regulatory entities: CPI is committed to an environment in which compliance with rules, regulations and sound business practices is woven into the corporate culture. CPI accepts the responsibility to aggressively self-govern and monitor adherence to the requirements of law, regulation, contractual requirements and our Code of Conduct.

PROFESSIONAL EXCELLENCE

Workforce members

While all CPI workforce members are obligated to follow the Code of Conduct, CPI leaders set the example and are, in every respect, a model for other employees. They must ensure that those on their teams have sufficient information to comply with laws, regulations, and policies, as well as the resources to resolve ethical dilemmas. They must help create a culture within CPI that promotes the highest standards of ethics and compliance. This culture must encourage all CPI workforce members to share concerns when they arise.

In the normal day-to-day functions of CPI, there are issues that occur that relate to how people in the organization deal with one another. It is impossible to foresee all of these, and many do not require explicit treatment in a document like this. A few routinely arise, however, and this document addresses these circumstances.

Equal Opportunity

CPI workforce members provide a wide complement of talents that contribute greatly to organizational success. CPI is committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity and respect. CPI complies with all laws, regulations, and policies related to non-discrimination in personnel actions. Such actions include recruitment, hiring, workforce reductions, transfers, terminations, performance evaluations, training, compensation, corrective action, and promotions.

Freedom from Harassment

Each CPI workforce member has the right to work in an environment free of harassment. Harassment based on diverse characteristics or cultural backgrounds is not tolerated and any form of sexual harassment is strictly prohibited. Harassment also includes workplace violence in the form of robbery or other commercial crimes, stalking, and violence directed at CPI. Any CPI workforce member who observes or experiences any form of harassment is responsible for reporting the incident. *First*, workforce members should speak with their supervisor. If speaking with an immediate supervisor is not possible or the conduct pertains to the immediate supervisor,

workforce members should speak with the supervisor's supervisor, another member of the CPI management team or contact Human Resources.

Alcohol and Drug Free Environment

To protect the interests of colleagues and clients, CPI is committed to an alcohol and drug- free work environment. All workforce members must report for work free of the influence of alcohol and illegal drugs.

Conflict of Interest

A conflict of interest may occur if a workforce member's outside activities or personal interests influence or appear to influence his/her ability to make objective decisions in the course of performing job responsibilities. A conflict of interest may also exist if the demands of any outside activities hinder or distract workforce members from the performance of their jobs or cause them to use CPI resources for other than CPI purposes. It is the personal obligation of each CPI workforce member to ensure that he/she remains free of conflicts of interest in the performance of his/her responsibilities at CPI. If a workforce member encounters any question about whether an outside activity might constitute a conflict of interest, consultation with and approval by the Corporate Compliance Officer is required before pursuing the activity.

Excluded Parties

The US Department of Health and Human Services under the Office of the Inspector General can exclude or prevent individuals or entities from participating in Medicare, Medicaid, and other federal health care programs. Exclusion means that no program payments will be made for items or services furnished, ordered, or prescribed by the excluded individual or entity. The prohibition against federal program payment for items or services furnished by excluded individuals or entities also extends to payment for administrative and management services that are not directly related to patient care but are necessary components of providing items and services to federal program beneficiaries. CPI workforce members must not be excluded in this manner. **Community Collaborators**

Competitive Procurement

CPI maintains the highest standards of integrity and objectivity in dealing with providers, contractors, consultants, and vendors. CPI manages these relationships in a fair and reasonable manner, consistent with all applicable laws and good business practices. CPI promotes competitive procurement. CPI source selection and determination of contract awards are made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, and maintenance of adequate resources for optimal service. Decisions are made on the party's ability to meet the needs of CPI and not on personal relationships and friendships.

Gifts and Gratuities

CPI workforce members are prohibited from accepting or giving gifts or gratuities beyond common business courtesies of nominal value. Under no circumstances do workforce members accept or give kickbacks in return for improperly obtaining, influencing, or rewarding favorable treatment in obtaining contracts, services, referrals, goods or business.

Funding and Regulatory Entities

CPI takes great care to assure all billings to government payors, commercial insurance payors and clients are true and accurate and conform to all pertinent federal and state laws and regulations. CPI provides workforce members with the information and education they need to comply fully with all applicable laws, regulations and conditions of participation. CPI prohibits any workforce member or provider from knowingly presenting or causing to be presented claims for payment or approval which are false or fraudulent. CPI is forthright in dealing with any billing inquiries. Requests for information are answered with complete, factual, and accurate information. CPI cooperates with and is courteous to all surveyors and auditors and provides them with the information to which they are entitled.

DISCIPLINARY ACTIONS

Workforce members whose conduct is not in accord with established standards and expectations may be subject to disciplinary action. Disciplinary action is defined as supervisory or management actions which are designed to fit the nature of the problem, offense, or violation. Whether and to what extent progressive discipline will be used is at the discretion of CPI. Disciplinary action may be in the form of counseling, oral warning, written warning, Performance Improvement Plan, Employee Development Plan, suspension/administrative leave, or dismissal. Workforce members may initiate the Dispute Resolution Process to challenge disciplinary action taken, with the exception of dismissal.

Although CPI will attempt to provide Workforce members an opportunity to improve their conduct to a satisfactory level, at times the appropriate disciplinary action for a Workforce member's conduct may be immediate dismissal without prior warning. The CEO will approve any dismissals prior to action being taken. Since there are a wide variety of unpredictable, individual situations, there is latitude for the exercise of supervisory judgment as to the severity of the disciplinary action. All disciplinary actions must be coordinated with the Chief Human Resources Officer prior to any disciplinary action being taken.

CARE EXCELLENCE***Clients Rights***

In promotion and protection of clients' rights, each client and his/her personal representative will be afforded appropriate confidentiality, privacy, security and protective services, opportunity for resolution of complaints, and services in the most community-integrated environment. Clients are treated in a manner that preserves their dignity, autonomy, self-determination and self-esteem, civil rights, and involvement in their own journey of recovery. Clients receiving healthcare services have clearly defined rights. To honor and uphold these rights, the CPI workforce must:

- Protect all clients from physical, emotional, verbal or sexual abuse, neglect or exploitation.
- Protect all aspects of client privacy and confidentiality.
- Obtain written authorization from clients or their legal representatives before disclosing personal, financial or medical information to anyone outside the CPI network, unless otherwise permitted by law.
- Limit access to clients' protected health information to CPI workforce members who need such information to perform their jobs.
- Respect the right of clients and their legal representatives to participate in decisions about their care and to be provided with adequate information to make informed decisions.
- Respect the right of clients and their legal representatives to access and/or amend their medical records as requested.
- Recognize that clients have the right to consent to or refuse care.
- Protect the right of clients to be free from physical or chemical restraints.

In the promotion and protection of each client's rights, each client is afforded appropriate confidentiality, privacy, security and protective services, opportunity for resolution of complaints and pastoral or spiritual care.

Protected Health Information

CPI collects information about clients to provide quality care. CPI realizes the sensitive nature of this information and is committed to maintaining its confidentiality. CPI does not disclose protected health information to others unless it is necessary to serve the client or is required by law. CPI workforce members must never disclose protected health information if such action violates the privacy rights of our clients. CPI workforce members are only given access to the minimum necessary protected health information to perform their duty assignments.

Non-Discrimination

CPI treats all clients with respect and dignity and provides services that are requested, necessary and appropriate. CPI makes no distinction in the enrollment, oversight, or disenrollment of clients or in the services provided based on age, gender, disability, race, sexual preference, color, religion, or national origin. CPI preserves the integrity of clinical decision-making by requiring that its providers base care and service decisions on the bio- psychosocial needs of each individual client and not on financial considerations. Program eligibility may limit the types of services which are available; however, CPI makes every effort to ensure clients are served as fully as funding sources permit.

INTEGRITY CONCERNS

CPI has a specific communication and reporting process for compliance issues. Workforce members should use this process whenever there is a concern or question. It is important that individuals seek answers until all questions are answered. CPI workforce members are required to report actual or potential wrongdoing observed or suspected. Reports may involve possible violations of law, regulations, policies and procedures, or the Code of Conduct.

Course of Action

First, workforce members should speak with their supervisor. CPI supervisors have important information related to the laws, regulations, and policies that relate to specific work areas and functions. If speaking with an immediate supervisor is not possible or the conduct pertains to the immediate supervisor, workforce members should speak with the supervisor's supervisor, another client of the CPI management team or contact Human Resources. If concerns still exist, or if preferred, any workforce client may call the **Fraud and Abuse Hotline at 520-318- 6964** for assistance. All calls are confidential and may be made anonymously.

The Fraud and Abuse Hotline is available 24 hours per day, seven days per week, to report any legitimate concern about legal, ethical or quality issues. A report should be made of any observed or suspected activity that could harm a client or the agency, or which could damage CPI's reputation of ethical business practices. Callers to the Fraud and Abuse Hotline are not required to leave a name, however they must provide enough information to begin the investigation process. During this investigation, confidentiality is maintained to the fullest extent possible. A report may be made in good faith to the Fraud and Abuse Hotline without fear of reprisal or retaliation. Anyone, including a supervisor, who retaliates against a workforce member for contacting the Hotline, is subject to discipline, up to and including termination. Other avenues for reporting suspected fraud or abuse may be directed to the following:

ADHS/DBHS

Bureau of Corporate Compliance
(866) 569-4927
reportfraud@azdhs.gov

AHCCCS

Office of Inspector General
(888) 487-6686
AHCCCSFraud@azahcccs.gov

Medicare/Medicaid

Department of Health and Human Services
Office of the Inspector General
(800) 447-8477

Reports and/or complaints regarding licensed providers may be directed to one of the following:

Arizona Board of Accountancy

Attn: Enforcement Division
100 North 15th Avenue, Ste 165
Phoenix, AZ 85007
(602) 364-0804

Arizona Board of Behavioral Health Examiners

1400 West Washington Street Phoenix, AZ 85007
(602) 542-1882

Arizona Board of Nursing

4747 North 7th Street, Ste 200
Phoenix, AZ 85014
(602) 771-7800
(602) 771-7888 (fax)

Arizona Board of Osteopathic Examiners in Medicine and Surgery

9535 E Doubletree Ranch Road
Scottsdale, AZ 85258
(480) 657-7703 (480) 657-
7715 (fax)

www.azdo.gov
questions@azdo.gov

Arizona Board of Psychologist Examiners

1400 W Washington St., Ste 235
Phoenix, AZ 85007
(602) 542-8162
(602) 542-8279 (fax)

Arizona Medical Board

9545 East Doubletree Ranch Road
Scottsdale, AZ 85258
(877) 255-2212
(480) 551-2702 (fax)

Arizona Regulatory Board of Physician Assistants

9545 East Doubletree Ranch Road
Scottsdale Arizona 85258
480-551-2700

Office of Medical Facilities Licensing

Division of Licensing
150 North 18th Avenue, Fourth Floor
Phoenix, AZ 85007
(602) 364-3030
(602) 364-4764 (fax)

Bureau of Residential Facilities Licensing

Division of Licensing

Tucson Office

400 W. Congress, Suite 100

MAIN 520-325-4268 | **FAX** 520-318-6935 | 4575 E. Broadway, Tucson, AZ 85711

150 North 18th Avenue, Suite 410
Phoenix, Az 85007
(602) 364-2639 (520) 628-6991 (Fax)

Tucson, AZ 85701
(520) 628-6965

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 Partnership of Southern Arizona |
| Applicant's DUNS Name: | 015294259 |
| Federal Program: | NOFA for FY 2018 Continuum of Care FR-6200-N-25 |
| CFDA Number: | 14.267 |

- Has the applicant ever received a grant or contract from the Federal government?
☒ Yes ☐ No
- Is the applicant a faith-based organization?
☐ Yes ☒ No
- Is the applicant a secular organization?
☐ Yes ☒ No
- Does the applicant have 501(c)(3) status?
☒ Yes ☐ No
- Is the applicant a local affiliate of a national organization?
☐ Yes ☒ No
- 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
- 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: 09/11/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0018

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: HMIS Project

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-002, AZ-007, AZ-008, AZ-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2018

b. End Date: 03/31/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- If "YES", enter the date this application was made available to the State for review:**

- 20. Is the Applicant delinquent on any Federal debt?** No
- If "YES," provide an explanation:**

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: 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: 09/11/2018

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: \$213,140.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: HMIS Project 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 | | 09/11/2018 |

| 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: 09/11/2018

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: 09/11/2018

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: 09/11/2018

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 screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Expected Sub-Awards: \$0

| Organization | Type | Type | Sub-Award Amount |
|-----------------------------|------|------|------------------|
| This list contains no items | | | |

3A. Project Detail

1. Project Identification Number (PIN) of AZ0018
expiring grant:

(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: HMIS Project

4. Project Status: Standard

5. Component Type: HMIS

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

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

3B. Project Description

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

The AZ Balance of State Continuum of Care has a dedicated HMIS that is in compliance with the HUD HMIS Data and Technical Standards. The HMIS implementation began in 2004 and includes all recipients and sub-recipients as well as other providers that serve those who are experiencing homelessness i.e. street outreach, emergency shelters, transitional housing projects, permanent supportive housing, rapid re-housing, prevention, and supportive service providers.

The HMIS project continues to expand to additional providers and additional functions. SSVF, RHY, and PATH, Local VA and Behavioral Health providers are now entering into HMIS. HMIS is used for Coordinated Entry; agencies enter the VI-SPDAT with score so that housing can be tracked and a "By Name List" can be generated to use in addition to case conferencing to better serve individuals who are most vulnerable.

The AZBoSCoC implementation of the HMIS Release of Information (ROI) signed by each client has provided critical support to the data sharing policies of the CoC.

The HMIS Committee, a standing committee of the AZBoSCoC includes representatives from each sub recipients, reports to the Governance Advisory Board and is responsible for updating HMIS Policies and Procedures, Data Quality Plan, and ROI in order to be sure the BOSCoC-wide data sharing is current. HMIS System Admin staff attend COC meetings and are available to provide technical assistance and training to individual users and agencies. The HMIS system admin, CRN, has a call-in help line which is available with live staff during business hours. This provides significant, real time support to users. CRN also provides standardized training in locations throughout the CoC geographic area and will provide new users with one-on-one support on-site as needed.

2. Does your project have a specific population focus? No

4A. HMIS Standards

1a. Is the HMIS currently programmed to collect all required Data Elements as set forth in the 2017 HMIS Data Standards? Yes

1b. If no, explain why and the planned steps for compliance.
Max. 500 characters

Not Applicable

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). Yes

2b. If no, explain why and the planned steps for compliance.
Max. 500 characters

Not Applicable

3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

3b. If no, explain why and the planned steps for achieving this.
Max. 500 characters

Not applicable

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? Yes

5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners? Yes

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? Yes

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.) Yes

a. How long does it take to remove access rights to former HMIS users? Within 24 hours

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:

HMIS ☒

6D. Sources of Match

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

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$0 |
| Total Value of In-Kind Commitments: | \$97,594 |
| Total Value of All Commitments: | \$97,594 |

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 | In-Kind | Government | Mohave County Com... | 08/15/2018 | \$1,688 |
| Yes | In-Kind | Private | CAHRA | 08/15/2018 | \$13,057 |
| Yes | In-Kind | Private | Old Concho Commun... | 08/15/2018 | \$14,000 |
| Yes | In-Kind | Private | U.S. Veterans Ini... | 08/15/2018 | \$5,000 |
| Yes | In-Kind | Private | Catholic Charities | 08/24/2018 | \$63,849 |

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 Dept.
(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: \$1,688

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: CAHRA
(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: \$13,057

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Old Concho Community Assistance Center
(Be as specific as possible and include the office or grant program as applicable)

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

6. Value of Written Commitment: \$14,000

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: U.S. Veterans Initiative-Prescott
(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: \$5,000

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Catholic Charities
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/24/2018

6. Value of Written Commitment: \$63,849

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 | \$0 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$200,000 |
| 6. Sub-total Costs Requested | \$200,000 |
| 7. Admin (Up to 10%) | \$13,140 |
| 8. Total Assistance plus Admin Requested | \$213,140 |
| 9. Cash Match | \$0 |
| 10. In-Kind Match | \$97,594 |
| 11. Total Match | \$97,594 |
| 12. Total Budget | \$310,734 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachmenbt | No | | |
| 3) Other Attachment | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

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: 09/11/2018

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"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. HMIS Standards | <input checked="" type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| Part 6 - Budget Information | |
| 6A. Funding Request | <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):

Updated Project Detail. Updated HMIS standards. Updated Match Letter

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

8B Submission Summary

| 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 |
| 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 |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2018 | Page 41 | 09/11/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 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 | No Input Required |
| 3A. Project Detail | 07/31/2018 |
| 3B. Description | 09/11/2018 |
| 4A. HMIS Standards | 09/11/2018 |
| 6A. Funding Request | 07/31/2018 |
| 6D. Match | 09/11/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |
| 7A. In-Kind Match MOU Attachment | No Input Required |
| 7B. Certification | 08/12/2018 |
| Submission Without Changes | 07/31/2018 |

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: AZ0128

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: Mohave County PSH 2011 Fresh Start

86-6004791
160382

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 PSH 2011 Fresh Start

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
(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: 09/03/2018

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: \$159,981.00

(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 PSH 2011 Fresh Start 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: 08/12/2018

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: 09/03/2018

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: \$150,396

| Organization | Type | Type | Sub-Award Amount |
|---------------------------------------|----------------------|----------------------|------------------|
| Mohave County Community Services Dept | B. County Government | B. County Government | \$150,396 |

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 | 0000 |
|--|----------------------------------|-----------|---------------|------|

e. Physical Address

Street 1: 700 W. Beale St.

Street 2:

City: Kingman

State: Arizona

Zip Code: 86401

f. Congressional District(s): AZ-004
(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: \$150,396

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

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** AZ0128

(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 PSH 2011 Fresh Start

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.

Mohave County Fresh Start PH Dedicated Plus project provides tenant based rental assistance for homeless and disabled individuals and families throughout Mohave County with preference given to the chronically homeless. The program serves individuals with disabilities including serious mental illness, physical disabilities, substance abuse and HIV/AIDs and includes veterans and clients with domestic abuse. Mohave County Community Services Department (MCCSD) operates Mohave County Housing Authority and the Section 8 Housing Choice Voucher program and provides housing related case management services, unit inspections and rental assistance. MCCSD receives referrals from our 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, Interagency of Lake Havasu, Westcare of AZ, Cornerstone Mission. KAAP, and Interagency, MCCSD can 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.

The VI SPDAT is used as the coordinated entry tool for Mohave County Local CoC to determine priority for assistance for CoC programs. All homeless referrals for housing assistance from the CoC will have a VI SPDAT done either by the behavioral health agencies, the homeless shelter, or by Mohave County Community Services Department staff trained on using VI SPDAT.

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 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% 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 | Semi-annually |
| Assistance with Moving Costs | | |
| Case Management | Partner | Quarterly |
| Child Care | Partner | Annually |
| Education Services | Partner | Semi-annually |
| Employment Assistance and Job Training | Subrecipient | Monthly |
| Food | Partner | As needed |
| Housing Search and Counseling Services | Partner | Quarterly |
| Legal Services | Partner | Annually |
| Life Skills Training | Partner | Quarterly |
| Mental Health Services | Partner | Monthly |
| Outpatient Health Services | Partner | Annually |
| 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: 18

Total Beds: 29

Total Dedicated CH Beds: 0

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 18 | 29 |

4B. Housing Type and Location Detail

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

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

a. Units: 18

b. Beds: 29

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

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

4. Address:

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

Street 1: 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

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 | 10 | | 18 |
| | | | | |
| 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 | 12 | 20 | | 32 |
| Adults ages 18-24 | 0 | 0 | | 0 |
| Accompanied Children under age 18 | 13 | | 0 | 13 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 25 | 20 | 0 | 45 |

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 | | 2 | 2 | 5 | 0 | 9 | 7 | | 1 | 0 |
| Adults ages 18-24 | | 0 | | | | | | | 0 | 0 |
| Children under age 18 | 0 | | | | 0 | 0 | 0 | | 0 | 13 |
| Total Persons | 0 | 2 | 2 | 5 | 0 | 9 | 7 | 0 | 1 | 13 |

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 | | 3 | 8 | 0 | 9 | 5 | 0 | 5 | 0 |
| Adults ages 18-24 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 0 | 0 | 3 | 8 | 0 | 9 | 5 | 0 | 5 | 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 do not meet any 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.

| | |
|------|---|
| 50% | Directly from the street or other locations not meant for human habitation. |
| 50% | Directly from emergency shelters. |
| | Directly from safe havens. |
| | 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: | | \$150,396 | |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | 18 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | AZ - Lake Havasu City-Kingman, AZ MSA... | 18 | \$150,396 |

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 | 1 | x | \$529 | \$529 | x | | = | \$6,348 |
| 1 Bedroom | 8 | x | \$602 | \$602 | x | | = | \$57,792 |
| 2 Bedrooms | 8 | x | \$762 | \$762 | x | | = | \$73,152 |
| 3 Bedrooms | 1 | x | \$1,092 | \$1,092 | x | | = | \$13,104 |
| 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 | 18 | | | | | | | \$150,396 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$150,396 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$10,466 |
| Total Value of In-Kind Commitments: | \$29,529 |
| Total Value of All Commitments: | \$39,995 |

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 | \$10,466 |
| Yes | In-Kind | Government | Mohave County Com... | 08/15/2018 | \$29,529 |

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: \$10,466

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: \$29,529
- 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 | \$150,396 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$150,396 |
| 7. Admin (Up to 10%) | \$9,585 |
| 8. Total Assistance plus Admin Requested | \$159,981 |
| 9. Cash Match | \$10,466 |
| 10. In-Kind Match | \$29,529 |
| 11. Total Match | \$39,995 |
| 12. Total Budget | \$199,976 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachmenbt | No | Mohave County Cod... | 09/17/2017 |
| 3) Other Attachment | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description: Mohave County Code of Conduct

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"/> |
| 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="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):

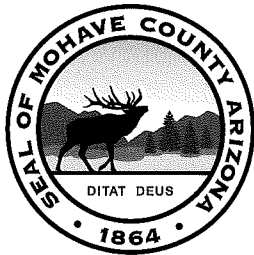
Project description updated to reflect Housing First, budget information updated per GIW, Match updated.

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 | | 08/12/2018 |
| 1B. SF-424 Legal Applicant | | No Input Required |
| Renewal Project Application FY2018 | | 09/03/2018 |

| | |
|---|-------------------|
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/12/2018 |
| 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 | 08/12/2018 |
| 3A. Project Detail | 08/12/2018 |
| 3B. Description | 09/03/2018 |
| 3C. Dedicated Plus | 08/12/2018 |
| 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 |
| 7A. In-Kind Match MOU Attachment | No Input Required |
| 7B. Certification | 08/12/2018 |
| Submission Without Changes | 08/12/2018 |



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.

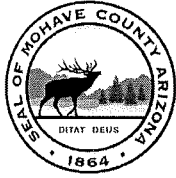
Chapter 17

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/MCCSD 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

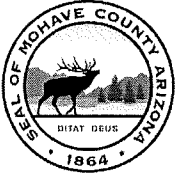
Division Managers and those employees acting in a supervisory capacity shall fully inform their Department Head of any personnel issue, action or activity under the authority of the Department Head to ensure compliance with these Personnel Policies and Procedures.

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

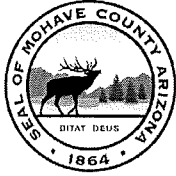
4.5 EMPLOYEE CONDUCT

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.

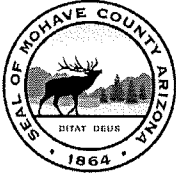


MOHAVE COUNTY PERSONNEL POLICIES AND PROCEDURES

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

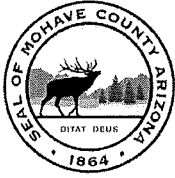
Merit System

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

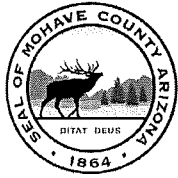
The continued employment of any individual with Mohave County depends upon acceptable conduct and satisfactory work performance. Failure to comply with the policy provisions contained in this Manual constitutes sufficient grounds for disciplinary action up to and including dismissal of employment.

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.

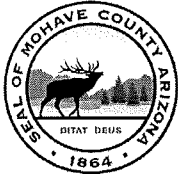
A. Coaching/Counseling Notice (Written or Verbal).

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.

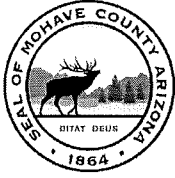


MOHAVE COUNTY PERSONNEL POLICIES AND PROCEDURES

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.

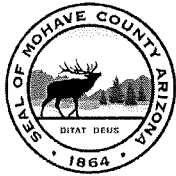


MOHAVE COUNTY PERSONNEL POLICIES AND PROCEDURES

Merit System

Approved April 4, 2016

- 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



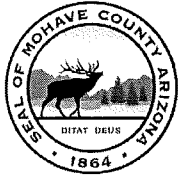
MOHAVE COUNTY PERSONNEL POLICIES AND PROCEDURES

Merit System

Approved April 4, 2016

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.



MOHAVE COUNTY PERSONNEL POLICIES AND PROCEDURES

Merit System

Approved April 4, 2016

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.

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: AZ0118

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: Good Shepherd Support Housing

86-6004791
160392

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: Good Shepherd Support Housing

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-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: 09/03/2018

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: \$41,851.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Good Shepherd Support Housing 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 screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the 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: \$41,851

| Organization | Type | Type | Sub-Award Amount |
|--|------------------------------------|------------------------------------|------------------|
| Old Concho Community Assistance Center | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$41,851 |

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? Yes

i. Expected Sub-Award Amount: \$41,851

j. Contact Person

Prefix: Ms.

First Name: Cynthia

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:** AZ0118

(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: Good Shepherd Support Housing

4. Project Status: Standard

5. Component Type: PH

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

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

**7. 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 Good Shepherd Supportive Housing Project provides housing to individuals and families, including veterans. Three units are dedicated to those who are chronically homeless. Good Shepherd is a permanent supportive housing program for individuals or couples that suffer from a serious mental illness or a disability. The units are located in Holbrook, AZ. Our participants utilize all available community services including mental health services with local provider, health care services with the local health clinic, food bank and thrift stores. All services are within walking distance from the scattered site units. This is a housing first model program that has been very successful in engaging the participants in services.

One member of the family must have a disability. OCCAC/Good Shepherd is part of Coordinated Entry (CE) which is designed as a "no wrong door" approach and utilizes the VI-SPDAT to determine acuity. Services include outreach, locating and leasing appropriate housing, case management, life skills support and connecting participants with mainstream resources including education/employment, behavioral health services, mainstream benefits, and health care. Some transportation is provided. Case conferencing is used to ensure participants are connected to the appropriate resources.

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 checked="" type="checkbox"/> |

Other: physical disabilities

3. Housing First

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

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

| | |
|--|-------------------------------------|
| Having too little or little income | <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 | | |
| Education Services | Non-Partner | As needed |
| Employment Assistance and Job Training | Subrecipient | Weekly |
| Food | Subrecipient | As needed |
| Housing Search and Counseling Services | Subrecipient | As needed |
| Legal Services | | |
| Life Skills Training | Subrecipient | Monthly |
| Mental Health Services | Subrecipient | As needed |
| Outpatient Health Services | Non-Partner | As needed |
| Outreach Services | Partner | Weekly |
| Substance Abuse Treatment Services | Non-Partner | As needed |
| Transportation | Subrecipient | As needed |
| 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: 5

Total Beds: 7

Total Dedicated CH Beds: 3

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 5 | 7 |

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: 7

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: 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)**

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 | 2 | 3 | | 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 | 1 | 2 | | 3 |
| Adults ages 18-24 | 1 | 1 | | 2 |
| Accompanied Children under age 18 | 2 | | 0 | 2 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 4 | 3 | 0 | 7 |

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 | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|-----------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24 | | 0 | 0 | 1 | 0 | 1 | 1 | | 1 | 0 |
| Adults ages 18-24 | | 0 | | 1 | | | | | 0 | 0 |
| Children under age 18 | | | | | 0 | 0 | 0 | 0 | 0 | 2 |
| Total Persons | 0 | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 1 | 2 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|--------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24 | 2 | | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 |
| Adults ages 18-24 | | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Total Persons | 2 | 0 | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

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

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

Describe the unlisted subpopulations referred to above:

Children 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.

| | |
|------|---|
| 90% | Directly from the street or other locations not meant for human habitation. |
| 10% | 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: | | \$39,237 | |
|------------------------------------|-----------------------|-------------------------------|------------------------|
| Grant Term: | | 1 Year | |
| Total Request for Grant Term: | | \$39,237 | |
| Total Units: | | 5 | |
| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
| AZ - Navajo Count... | 5 | \$39,237 | \$39,237 |

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 | 3 | |
| 2 Bedroom | 2 | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 5 | \$39,237 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$39,237 |

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: | \$654 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$654 |

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 | \$654 |

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: \$654

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 | \$39,237 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$0 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$39,237 |
| 7. Admin (Up to 10%) | \$2,614 |
| 8. Total Assistance plus Admin Requested | \$41,851 |
| 9. Cash Match | \$654 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$654 |
| 12. Total Budget | \$42,505 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | OCCAC 501 c3 | 10/19/2015 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 08/06/2018 |
| 3) Other Attachment | No | Code of Conduct | 09/17/2017 |

Attachment Details

Document Description: OCCAC 501 c3

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: 09/03/2018

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 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):

Project description updated, match information updated, attachments 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 | 08/06/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2018 | Page 49 | 09/03/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 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 | 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 |
| 6B. Leased Units | 08/06/2018 |
| 6D. Match | 08/06/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/06/2018 |
| 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.

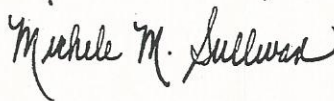
In March 1999 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

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 1045 (DO/CG)

OLD CONCHO COMMUNITY ASSISTANCE

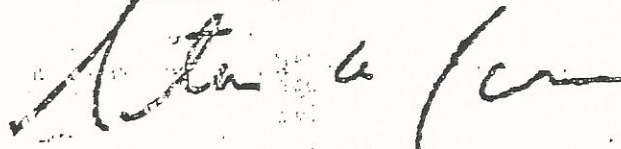
tion, and relationship (if any, to members, officers, trustees or donors of funds to you, so that you can substantiate upon request by the Internal Revenue Service any and all distributions you made to individuals. (Revenue Ruling 56-304, C.B. 1956-2, page 205.)

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

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 |

- | | |
|--|--|
| 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 checked="" type="checkbox"/> 6-14 <input 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 checked="" type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> \$1,000,000 - \$4,999,999 <input 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.



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.

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: AZ0009

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: Little Colorado Housing Program

86-6004791
160394

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: Little Colorado Housing Program

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-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: 09/03/2018

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: \$82,116.00

(Requested amounts will be automatically entered within applications)

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

Little Colorado Housing Program 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 screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the 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: \$82,116

| Organization | Type | Type | Sub-Award Amount |
|--|------------------------------------|------------------------------------|------------------|
| Old Concho Community Assistance Center | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$82,116 |

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? Yes

i. Expected Sub-Award Amount: \$82,116

j. Contact Person

Prefix: Ms.

First Name: Cynthia

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:** AZ0009

(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: Little Colorado Housing Program

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.

Little Colorado Housing Program is a scattered site permanent supportive housing for individuals and families that suffer from Serious Mental Illness. OCCAC uses the VI-SPDAT to assess household need related to housing and other services.

This program is designed to address the needs of individuals and families that have lost housing due to their disability. This is an established project that has become part of the communities that the units are placed in. Law enforcement, mental health providers, food banks and thrift stores in Apache County have become a part of the wrap around services provided to the participants. This program has allowed the participants to become part of the community instead of being isolated due to homelessness or inability to access services.

Little Colorado Housing Program serves the rural communities of in Apache County. The Housing First philosophy is used as a part of this project. This permanent supportive housing program serves those with a diagnosis of SMI/co-occurring illness & those who meet the HUD definition of homeless. Participants come through Coordinated Entry being referred by local community service agencies including the regional mental health providers of which there are two. People learn about us through the 211 line & agencies can fax, phone or email as well. The VI-SPDAT is used to determine acuity in the BOS CoC Coordinated Entry. We provide living skills, safety checks, furniture, household goods, food, & clothing.

Monthly case management meetings are held with the local mental health providers (Little Colorado Behavioral Health in St. Johns and Springerville) to assess the needs & progress of the participants. Our agency will make 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.

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 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 | As needed |
| Assistance with Moving Costs | | |
| Case Management | Subrecipient | Monthly |
| Child Care | | |
| Education Services | | |
| Employment Assistance and Job Training | Subrecipient | As needed |
| Food | Subrecipient | As needed |
| Housing Search and Counseling Services | | |
| Legal Services | | |
| Life Skills Training | Subrecipient | Monthly |
| Mental Health Services | | |
| Outpatient Health Services | | |
| Outreach Services | | |
| Substance Abuse Treatment Services | | |
| Transportation | Subrecipient | As needed |
| 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: 4

Total Beds: 18

Total Dedicated CH Beds: 0

| Housing Type | Housing Type (JOINT) | Units | Beds |
|--------------------------------|----------------------|-------|------|
| Single family homes/townhou... | --- | 4 | 18 |

4B. Housing Type and Location Detail

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

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

a. Units: 4

b. Beds: 18

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

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

4. Address:

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

Street 1: 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

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 | 2 | | 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 | 5 | 4 | | 9 |
| Adults ages 18-24 | 0 | 0 | | 0 |
| Accompanied Children under age 18 | 9 | | 0 | 9 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 14 | 4 | 0 | 18 |

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 | 2 | 0 | 3 | 0 | | 0 | 0 |
| Adults ages 18-24 | | 0 | | | | | | | 0 | 0 |
| Children under age 18 | 0 | | | | 0 | 0 | 0 | | 0 | 9 |
| Total Persons | 0 | 0 | 0 | 2 | 0 | 3 | 0 | 0 | 0 | 9 |

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 | | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 2 |
| Adults ages 18-24 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 0 | 0 | 0 | 1 | 0 | 2 | 1 | 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/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? 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 type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

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: | \$5,372 |
| Total Value of In-Kind Commitments: | \$15,157 |
| Total Value of All Commitments: | \$20,529 |

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 | \$5,372 |
| Yes | In-Kind | Private | Old Concho Commun... | 08/15/2018 | \$15,157 |

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: \$5,372

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: Old Concho Community Assistance Center
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2018
6. Value of Written Commitment: \$15,157

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 | \$0 |
| 3. Supportive Services | \$34,655 |
| 4. Operating | \$42,399 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$77,054 |
| 7. Admin (Up to 10%) | \$5,062 |
| 8. Total Assistance plus Admin Requested | \$82,116 |
| 9. Cash Match | \$5,372 |
| 10. In-Kind Match | \$15,157 |
| 11. Total Match | \$20,529 |
| 12. Total Budget | \$102,645 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | OCCAC501c3 | 01/06/2014 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 08/06/2018 |
| 3) Other Attachment | No | Code of Conduct | 09/17/2017 |

Attachment Details

Document Description: OCCAC501c3

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

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 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"/> |
| 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):

Project Description updated, match information updated, attachments 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 | 08/06/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2018 | Page 49 | 09/03/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 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 | 08/06/2018 |
| 5C. Outreach | 08/06/2018 |
| 6A. Funding Request | 08/06/2018 |
| 6D. Match | 08/06/2018 |
| 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.

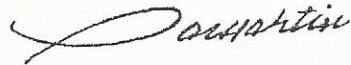
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third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

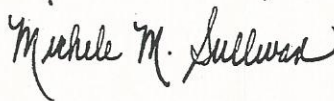
In March 1999 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

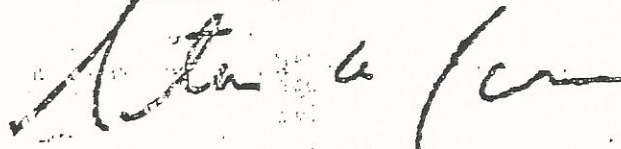
tion, and relationship (if any, to members, officers, trustees or donors of funds to you, so that you can substantiate upon request by the Internal Revenue Service any and all distributions you made to individuals. (Revenue Ruling 56-304, C.B. 1956-2, page 205.)

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

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 |

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.



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.

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: AZ0173

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: New Start Housing Project PSH

86-6004791
160395

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: New Start Housing Project 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-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: \$196,672.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: New Start Housing Project 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 | | 09/03/2018 |

| 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 screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the 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: \$196,672

| Organization | Type | Type | Sub-Award Amount |
|--|------------------------------------|------|------------------|
| Old Concho Community Assistance Center | M. Nonprofit with 501C3 IRS Status | | \$196,672 |

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? Yes

i. Expected Sub-Award Amount: \$196,672

j. Contact Person

Prefix: Ms.

First Name: Cynthia

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

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** AZ0173

(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: New Start Housing Project 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.

The New Start scattered site permanent supportive housing program provides units of housing over a two county region (Apache and Navajo) and serves the region's most vulnerable households. OCCAC utilizes a Housing First philosophy and because OCCAC already has relationships with landlords and leases in place, getting people into housing is abridged even though affordable units are scarce. OCCAC works with the two behavioral health agencies covering the two counties and has regular case conferencing at each agency regarding clients served by both. This increases stabilization for the participants and reduces returns to homelessness.

We work to increase the possibilities for employment and are enrolled in the SOAR training to decrease the amount of time it takes for someone to obtain SSI/SSDI for which they are eligible.

Apache County and Navajo County are very rural in nature and the northern half of each county is the Navajo Reservation. This PSH program assists both families and individuals that are eligible by an adult having a disability and with a priority of housing those that meet the definition of chronically homeless. These disabilities can include PTSD, substance abuse or other chronic re-occurring disorders that continue to cause individuals and families to lose employment, jobs and income. The ultimate goal is to provide the services, case management and support to enable our participant to increase income, obtain stability and address the problems and barriers that made them homeless in the first place and enable them not to return.

OCCAC currently uses the VI-SPDAT to determine housing needs and enters all clients into the Coordinated Entry through HMIS. OCCAC interacts with our community service partners and law enforcement, DV providers, and other service providers to ensure there is "no wrong door". Though other agencies are not currently engaged in HMIS and/or CE, OCCAC responds to all of these agencies and they respond to us. Referrals occur by phone and emails and we also respond to individuals and families who walk in our door. The Behavioral Health partner for this project is Change Point.

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 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

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 | 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 | Partner | As needed |
| Food | Subrecipient | As needed |
| Housing Search and Counseling Services | Subrecipient | As needed |
| Legal Services | | |
| Life Skills Training | | |
| 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 | 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: 14

Total Beds: 48

Total Dedicated CH Beds: 14

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 5 | 12 |
| Scattered-site apartments (...) | --- | 9 | 36 |

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: 12

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:

Street 2:

City:

State:

ZIP Code:

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

049001 Apache 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: 9

b. Beds: 36

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 9

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

4. Address:

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)**

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 | 12 | 2 | | 14 |
| | | | | |
| 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 | 20 | 3 | | 23 |
| Adults ages 18-24 | 0 | | | 0 |
| Accompanied Children under age 18 | 26 | | | 26 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 46 | 3 | 0 | 49 |

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 | | | | 16 | | 15 | 5 | 5 | | |
| Adults ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | 26 |
| Total Persons | 0 | 0 | 0 | 16 | 0 | 15 | 5 | 5 | 0 | 26 |

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 | | | | 2 | | 1 | | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 2 | 0 | 1 | 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 |

Describe the unlisted subpopulations referred to above:

Children don't have listed characteristics

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. |
| | 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 checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input checked="" 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: | | | \$141,696 |
|------------------------------------|-----------------------|-------------------------------|------------------------|
| Grant Term: | | | 1 Year |
| Total Request for Grant Term: | | | \$141,696 |
| Total Units: | | | 14 |
| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
| AZ - Apache Count... | 5 | \$59,292 | \$59,292 |
| AZ - Navajo Count... | 9 | \$82,404 | \$82,404 |

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 Bedroom | 4 | |
| 3 Bedroom | | |
| 4 Bedroom | 1 | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 5 | \$59,292 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$59,292 |

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 | | |
| 2 Bedroom | 9 | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 9 | \$82,404 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$82,404 |

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: | \$12,866 |
| Total Value of In-Kind Commitments: | \$878 |
| Total Value of All Commitments: | \$13,744 |

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 | \$12,866 |
| Yes | In-Kind | Private | Old Concho Commun... | 08/15/2018 | \$878 |

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: \$12,866

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: Old Concho Community Assistance Center
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2018
6. Value of Written Commitment: \$878

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 | \$141,696 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$0 |
| 3. Supportive Services | \$38,999 |
| 4. Operating | \$3,333 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$184,028 |
| 7. Admin (Up to 10%) | \$12,644 |
| 8. Total Assistance plus Admin Requested | \$196,672 |
| 9. Cash Match | \$12,866 |
| 10. In-Kind Match | \$878 |
| 11. Total Match | \$13,744 |
| 12. Total Budget | \$210,416 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | OCCAC 501c3 | 08/23/2017 |
| 2) Other Attachmenbt | No | Survey on Ensurin... | 08/06/2018 |
| 3) Other Attachment | No | Code of Conduct | 09/17/2017 |

Attachment Details

Document Description: OCCAC 501c3

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

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 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"/> |
| 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):

Match is updated, project description is updated, attachments are 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 | | 08/06/2018 |
| 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) | 08/06/2018 |
| 1E. SF-424 Compliance | 07/18/2018 |
| 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 | 07/18/2018 |
| Renewal Grant Consolidation | 08/06/2018 |
| 2A. Subrecipients | 07/18/2018 |
| 3A. Project Detail | 08/06/2018 |
| 3B. Description | 09/03/2018 |
| 3C. Dedicated Plus | 07/18/2018 |
| 4A. Services | 07/18/2018 |
| 4B. Housing Type | 07/18/2018 |
| 5A. Households | 07/18/2018 |
| 5B. Subpopulations | 07/18/2018 |
| 5C. Outreach | 07/18/2018 |
| 6A. Funding Request | 07/18/2018 |
| 6B. Leased Units | 07/18/2018 |
| 6D. Match | 08/06/2018 |
| 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.

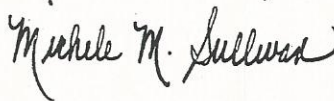
In March 1999 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

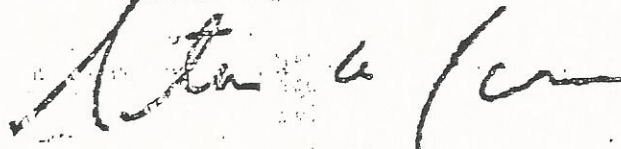
tion, and relationship (if any, to members, officers, trustees or donors of funds to you, so that you can substantiate upon request by the Internal Revenue Service any and all distributions you made to individuals. (Revenue Ruling 56-304, C.B. 1956-2, page 705.)

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

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 |

- Has the applicant ever received a grant or contract from the Federal government?
☒ Yes ☐ No
- Is the applicant a faith-based organization?
☐ Yes ☒ No
- Is the applicant a secular organization?
☐ Yes ☒ No
- Does the applicant have 501(c)(3) status?
☒ Yes ☐ No
- Is the applicant a local affiliate of a national organization?
☐ Yes ☒ No
- 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
- 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.



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.