Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0137
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

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

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	A Place for Us Too
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-006
17. Proposed Project	
a. Start Date:	08/01/2020
b. End Date:	07/31/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$176,806.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: A Place for Us Too 1305 Tacoma Avenue South Tacoma Washington

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

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

Date Signed: 09/12/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

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

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$160,801.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Gordon Thomas Honeywell
1201 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Gordon Thomas Honeywell
1201 Pacific Ave #2100
Tacoma WA 98402

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

Information About Submission without Changes

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

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

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

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

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

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

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

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

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

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

Renewal Grant Consolidation Screen

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

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

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $176,806

Organization	Type	Type	Sub-Award Amount
Metropolitan Development Council	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$176,806

2A. Project Subrecipients Detail

a. Organization Name: Metropolitan Development Council

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

c. Employer or Tax Identification Number: 91-0780533

	*** d. Organizational DUNS:**	076665389	**PLUS 4**	

e. Physical Address

Street 1: 721 South Fawcett

Street 2: Suite 201

City: Tacoma

State: Washington

Zip Code: 98402

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-006

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: $176,806

j. Contact Person

Prefix: Ms.

First Name: Tonia

Middle Name: Ann

Last Name: Hess

Suffix:	
Title:	Director Care Management
E-mail Address:	thess@mdc-hope.org
Confirm E-mail Address:	thess@mdc-hope.org
Phone Number:	253-318-1861
Extension:	
Fax Number:	253-597-4405

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: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0137
2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	A Place for Us Too
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Does this project include Replacement Reserves?	No

3B. Project Description

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

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

This project is shared housing assisting 26 individuals at one time. The funds include leasing and utilities with case management services to assist clients to over come barriers to stability.

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

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

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	X
		Other (Click 'Save' to update)	

Other: Physical Disability

3. Housing First

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

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

Having too little or little income	

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

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

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

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

4A. Supportive Services for Participants

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

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Bi-monthly
Child Care		Non-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	Bi-weekly
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Applicant	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: 13

Total Beds: 26

Total Dedicated CH Beds: 26

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	1	2
Scattered-site apartments (...	---	1	2
Scattered-site apartments (...	---	2	4
Scattered-site apartments (...	---	1	2
Scattered-site apartments (...	---	2	4
Scattered-site apartments (...	---	2	4
Scattered-site apartments (...	---	1	2
Scattered-site apartments (...	---	1	2
Scattered-site apartments (...	---	1	2
Scattered-site apartments (...	---	1	2

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: 1

b. Beds: 2

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

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

4. Address:

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

Street 1: 2426 70th Ave W

Street 2:

City: University Place

State: Washington

ZIP Code: 98467

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

539053 Pierce 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: 1

b. Beds: 2

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

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

4. Address:

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

Street 1: 2416 70th Avenue

Street 2:

City: University Place

State: Washington

ZIP Code: 98467

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

539053 Pierce 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: 2

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: 2418 70th Avemue W

Street 2:

City: University Place

State: Washington

ZIP Code: 98467

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

539053 Pierce 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: 1

b. Beds: 2

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

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

4. Address:

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

Street 1: 2420 70th Avenue W

Street 2:

City: University Place

State: Washington

ZIP Code: 98467

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

539053 Pierce 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: 2

b. Beds: 4

3. How many beds of the total beds in "2b. 4

Beds" are dedicated to the chronically homeless?

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

4. Address:

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

Street 1: 7537 44th Street W

Street 2:

City: University Place

State: Washington

ZIP Code: 98467

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

539053 Pierce 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: 2

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: 7601 44th Street W

Street 2:

City: University Place

State: Washington

ZIP Code: 98467

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

539053 Pierce 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: 1

b. Beds: 2

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

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

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-

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

Street 1: 7609 44th Street W

Street 2:

City: University Place

State: Washington

ZIP Code: 98467

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

539053 Pierce 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: 1

b. Beds: 2

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

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

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration

office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 7615 44th Street W

Street 2:

City: Univesity Place

State: Washington

ZIP Code: 98467

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

539053 Pierce 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: 1

b. Beds: 2

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

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

4. Address:

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

Street 1: 7515 44th Steet W

Street 2:

City: University Place

State: Washington

ZIP Code: 98467

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

539053 Pierce 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: 1

b. Beds: 2

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

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

4. Address:

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

Street 1: 7613 44th Street W

Street 2:

City: University Place

State: Washington

ZIP Code: 98467

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

539053 Pierce 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	0	26	0	26

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	26		26
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	26	0	26

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										
Persons 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	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	26	0	0	0	0	0	0	0	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	26	0	0	0	0	0	0	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

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? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Department of Education	16%	1.3703993E7

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

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

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6B. Leased Units Budget

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

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	$129,815
Grant Term:	1 Year
Total Request for Grant Term:	$129,815
Total Units:	13

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
WA - Tacoma, WA H...	13	$129,815	$129,815

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: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	13	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	13	$129,815
Grant Term		1 Year
Total Request for Grant Term		$129,815

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:	$12,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$12,000

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

1a. Briefly describe the source of the program income:

client rental contributions

1b. Estimate the amount of program income that will be used as Match for this project: $12,000

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Cash Match	07/31/2018	$12,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Cash Match
5. Date of Written Commitment:	07/31/2018
6. Value of Written Commitment:	$12,000

6E. Summary Budget

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$129,815
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$22,664
4. Operating	$8,322
5. HMIS	$0
6. Sub-total Costs Requested	$160,801
7. Admin (Up to 10%)	$16,005
8. Total Assistance plus Admin Requested	$176,806
9. Cash Match	$12,000
10. In-Kind Match	$0
11. Total Match	$12,000
12. Total Budget	$188,806

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Desig	02/03/2014
2) Other Attachmenbt	No	Match Letter	09/12/2019
3) Other Attachment	No		

Attachment Details

Document Description: IRS Desig

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

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

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	☐
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6B. Leased Units	☐
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

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):

updating match, updating budget, updated dedicated plus for new rule

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	09/12/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/12/2019
1E. SF-424 Compliance	09/12/2019
1F. SF-424 Declaration	09/12/2019
1G. HUD-2880	09/12/2019
1H. HUD-50070	09/12/2019
1I. Cert. Lobbying	09/12/2019
1J. SF-LLL	09/12/2019
Recipient Performance	09/12/2019
Renewal Expansion	09/12/2019
Renewal Grant Consolidation	09/12/2019
2A. Subrecipients	09/12/2019
3A. Project Detail	09/12/2019
3B. Description	09/12/2019
3C. Dedicated Plus	09/20/2019
4A. Services	09/12/2019
4B. Housing Type	09/12/2019
5A. Households	09/12/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/12/2019
6B. Leased Units	09/12/2019
6D. Match	09/12/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/12/2019
7B. Certification	09/12/2019
Submission Without Changes	09/20/2019

Internal Revenue Service

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

MDC RECEIVED JUL 10 2001

Date: July 5, 2001

Person to Contact:
Kendall Hilson 31-07340
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
91-0780533

Metropolitan Development Council
622 Tacoma Ave S Ste 6
Tacoma, WA 98402-2324

Dear Sir:

This letter is in response to your telephone call July 5, requesting a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in June 1965 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b))(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Metropolitan Development Council
91-0780533

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

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

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

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

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts

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

metropolitan development council

945 South Fawcett Avenue
Tacoma, WA 98402
www.mdc-hope.org

August 7, 2019

Jeff Rodgers
Pierce County Housing Programs
1305 Tacoma Avenue South Suite 104
Tacoma, WA 98402

Dear Mr. Rodgers:

MDC will provide $12,000 in cash match for MDC's A Place for Us Too. The total is $12,000 which is more than 25% of the requested funds from HUD COC. These fund will be used to provide Services, Operating and Administrative services requested from HUD COC conditioned upon HUD approval of grant. This match will be available August 1, 2020 through July 31, 2021.

If you have any questions, please don't hesitate to call
Tonia Hess 253-318-1861.

Sincerely,

Tonia Hess
Director, Care Management

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4:**	

d. Address

Street 1: 1305 Tacoma Avenue South
Street 2: Suite 104
City: Tacoma
County: Pierce
State: Washington
Country: United States
Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Programs

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

Prefix: Mr.
First Name: Jeffrey
Middle Name:
Last Name: Rodgers
Suffix:
Title: Supervisor, Homeless Programs
Organizational Affiliation: Pierce County
Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	AM Rapid Rehousing Project
16. Congressional District(s):	
a. Applicant:	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
17. Proposed Project	
a. Start Date:	11/01/2020
b. End Date:	10/31/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN): 91-6001359

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $183,966.00

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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 (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

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

Date Signed: 09/24/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying X

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

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

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$183,966.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from

No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

2A. Project Subrecipients

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

Total Expected Sub-Awards: $183,966

Organization	Type	Sub-Award Amount
Associated Ministries of Tacoma-Pierce County	M. Nonprofit with 501C3 IRS Status	$183,966

2A. Project Subrecipients Detail

a. Organization Name: Associated Ministries of Tacoma-Pierce County

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

If "Other" specify:

c. Employer or Tax Identification Number: 91-0847534

	*** d. Organizational DUNS:**	180153637	**PLUS 4:**	

e. Physical Address

Street 1: 901 S 13th St

Street 2:

City: Tacoma

State: Washington

Zip Code: 98405

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-009, WA-008, WA-006, WA-010

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: $183,966

j. Contact Person

Prefix: Mr.

First Name: Alfred

Middle Name: Greg

Last Name: Hollman
Suffix:
Title: Rapid Rehousing Program Manager
E-mail Address: gregh@associatedministries.org
Confirm E-mail Address: gregh@associatedministries.org
Phone Number: 253-383-3056
Extension: 143
Fax Number: 253-383-2672

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.

This application is for a new Rapid Rehousing Project. Associated Ministries has operated similar Rapid Rehousing programs for 6 years. We have firmly established policy and procedures that have been refined and proven. We currently manage an existing HUD CoC Rapid Rehousing Program (RRH), which is not only in full compliance but exceeding contractual expectations. We are embracing the Critical Time Intervention Model (CTI). CTI is a twenty year old proven model that was designed as an intensive case management model to reduce the recurrence of homelessness through connection with community services. We are utilizing the updated CTI- RRH that shortens the time to stability through increasing income and connecting clients to community services that are tailored to their barriers. Rent assistance is distributed through our existing RRH and Diversion services with well-established policies and procedures. Associated Ministries provides a resource center on site as well as provides additional services for mail and payee services for DSHS. Data quality is a focus in all our work and we currently producing a 99% data accuracy rate utilizing HMIS with a dedicated staff member to assure data quality.

Associated Ministries has an extensive history of working with homeless families and individuals to obtain housing while simultaneously creating a network of supportive services to create stable housing. We have implemented several housing programs including Access Point 4 Housing, Peer Navigation, Diversion Services and Coordinated Entry. With this wealth of knowledge in strengths-based, client-centered work, we consistently exceed program deliverable and reduce the time families remain homeless, while creating sustainable housing through community connections of resources and relationships. Our budget includes federal, state, local government, foundation, and corporate funding sources as well as individual donations. As a faith-based organization, we also unite and coordinate many diverse denominations and as a result, have a large pool of consistent volunteers to make every contribution go further. With our vast community and organizational reach, we have the ability of securing matching funds from a multitude of sources. Associated Ministries has the financial management processes and program infrastructure to utilize federal funds and carry out the activities to provide Rapid Rehousing Services in Pierce County through this project. We also have past experience utilizing Federal funds, coordinating sub-recipients, performing activities and making appropriate reports with the following Federal Grants: IRS VITA grant (2009-19); Corporation for National and Community Service, VISTA program grants 2007-2009 and 2013; Compassion Capital Fund grant 2009, and CDBG funding received through the cities of Tacoma and Lakewood.

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

Associated Ministries has decades of experience in the field and has leveraged Federal, State, local and private sector funds in several housing and homeless prevention programs provided by Associated Ministries. We actively utilize our on-site Community Resource center for ease of use of our clients to connect with already established community resource connections. We also work with Landlord Liaison Project who develops relationships with landlords and provides us with an exclusive list of affordable housing options of properties that have relaxed their application requirements.

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

Associated Ministries' Board of Directors of up to 11 members is responsible for fiduciary oversight and governance of the organization. The Executive Director is responsible for the successful leadership and management of Associated Ministries according to the strategic direction set by the Board of Directors. Associated Ministries organizes its work under three "centers": 1) Direct Services, 2) Community and Interfaith Engagement, and 3) Organizational Leadership (the administrative functions that undergird and support the work of the organization). The Rapid Rehousing Program is supervised by a Program Manager who is directly involved with the program, including the provision of services to clients, and who is accountable to the Chief Program Officer. Associated Ministries has adopted accounting policies and procedures that conform with GAAP and are updated to conform with the Uniform Guidance from 0 MB. The annual audit is presented to the Finance Work Group of our Board of Directors by our auditor and accepted by the entire
Board at a regular meeting of the Board each year. Associated Ministries' accounting system records revenue and expenses according to program and revenue source so that all expenses incurred for a particular revenue source are accurately posted to that source. Financial reports are provided on a monthly basis to the Program Directors and Managers, the Executive Director and the Finance Committee of the Board of Directors. Payroll is posted to the accounting system via an export from the payroll service reflecting time recorded by each employee to the program/cost center served. Accounting systems and payment procedures are documented in the Accounting Policies and Procedures and have been reviewed by an independent CPA firm. Audits are completed annually by an independent CPA firm.

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:	WA-503 - Tacoma, Lakewood/Pierce County CoC
1b. CoC Collaborative Applicant Name:	Pierce County
2. Project Name:	AM Rapid Rehousing Project
3. Project Status:	Standard
4. Component Type:	PH
4a. Will the PH project provide PSH or RRH?	RRH
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).	No
7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?	X

3B. Project Description

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

Associated Ministries' Rapid Rehousing (RRH) Program is a housing-first rapid rehousing intervention that serves individuals and families prioritized with the highest need to help them quickly exit homelessness, return to permanent housing and sustain housing upon exit. This rapid rehousing intervention is aligned with Pierce County's Homeless Crisis Response System and the Continuum of Care Plan to End Homelessness. All vacancies are posted in HMIS and 100% of referrals come from the Coordinated Entry System. Eligibility is ONLY based on a household meeting the definition of category 1 and category 4 homelessness and within the income eligibility of the funding source. All individuals and families are considered housing-ready and program services are completely voluntary, following a true housing-first model. At intake, households are informed of planned date of entry into housing and quickly meet with a Housing Specialist for intense services focused solely on creatively finding housing within the first 30 days.
Once housed, services provided follow a progressive engagement model and are tailored to client needs. Services may include financial subsidy, client centered case management and exit planning. Depending on the individualized need, each household has access to community support and resources, assistance with increasing mainstream benefits, employment and education services and referrals, and other assistance as needed. We work in collaboration with the Landlord Liaison Project to increase landlord engagement and the affordable rental housing inventory locally while providing enrollment to Renters Readiness. This course consists of three 2-hour courses to help clients become "renter ready," including information on community supportive services and achieving financial empowerment. These classes are in collaboration with Vadis and Sound Outreach organizations. These courses empower clients to advocate for themselves with landlords, understand a lease agreement, and follow guidelines of being a good tenant, communication with the landlord when troubles arise, plan effectively on a tight budget and how to leverage community resources to ensure essential bills get paid and basic needs are met. All data collection and outcome assessment is entered into the Homeless Management Information System (HMIS) in compliance with Pierce County's requirements for data quality and timeliness.

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

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who

are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

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?				
Participant enrollment in project begins?	15			
Participants begin to occupy leased units or structure(s), and supportive services begin?	45			
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
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	☐	Domestic Violence	☐
Veterans	☐	Substance Abuse	☐
Youth (under 25)	☐	Mental Illness	☐
Families	☐	HIV/AIDS	☐
		Other (Click 'Save' to update)	☐

5. Housing First

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

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

Having too little or little income	X

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

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

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.

no 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. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?	No

4A. Supportive Services for Participants

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

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

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

Each housing case manager completes a housing assessment and budget at intake with their clients. It identifies barriers such as evictions, felonies, fixed income, as well as any additional barriers that can threaten stable housing. Strength based brainstorming allows clients to identify what they feel they need to be stable, these needs are put into the housing stability plan as actionable goals. Part of strength-based delivery includes identifying the client barriers and exploring client strengths that could be used to overcome these barriers. One-on-one support, community connections and formal referrals are all used to achieve these goals.
If households are able to increase income, we will search for rentals that are at or under Fair Market Rent. We have networked with several landlords and property managers in Pierce County to develop relationships with landlords that are willing to relax application requirements for our higher barrier households.

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

We have multiple staff who are SOAR certified and are trained in the Social Security application process for individuals and families who are not able to work due to disability. Using our unique account with DSHS, we can track the clients' application process online so we can keep clients fully informed. We have established relationships with mental health providers and chemical dependency treatment facilities for clients that express needs in these areas. In addition, we have a contract with the City of Tacoma that allows us to directly

partner with Vadis. Vadis is a local non-profit dedicated to assisting individuals with disabilities and other barriers including homelessness in developing and achieving vocational goals to reach their highest potential. They provide work readiness workshops, resume development, career exploration, assistance with interviewing and job placement. We meet with Vadis staff monthly for group collaboration on how to best meet our clients' goals and expectations. We work to get our clients to the monthly Renters Readiness Course, so they are prepared to become good tenants by understanding their lease and the application process. We are also in direct partnership with several employment agencies throughout Pierce County with whom we are in regular communication to discover current openings and hiring events. Agencies like WorkSource, WorkFirst and RISE all accept referrals directly from our Rapid Rehousing Case Management staff and they also work one-on-one with Associated Ministries staff to keep them informed of current employment opportunities and job training programs. We also engage our clients with Valeo. Valeo is a nonprofit homeless service agency that operates like a temporary staffing agency. Valeo hires people who are homeless and pays them directly. It then finds employers in need of temporary workers and sends people to them in a staffing agency model. Ultimately the goal is to move our clients from temporary employees into permanent jobs.
Increasing income and obtaining secure employment is one of the most critical factors of keeping an individual from returning to homelessness. We find that connecting our clients' to organizations that focus on employment is a resource they will utilize for years to come. We stress the importance of our clients building relationships with staffing agencies and employment placement professionals as the key to long-term employment. It is the relationship above the actual employer.

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

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

Utility Deposits	Applicant	Monthly

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

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?	Yes
5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?	Yes
6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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

Total Units: 10

Total Beds: 30

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	10	30

4B. Housing Type and Location Detail

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

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

a. Units: 10

b. Beds: 30

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: 901 S 13th St

Street 2:

City: Tacoma

State: Washington

ZIP Code: 98405

***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)**

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

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	7	2	0	9

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	8	1		9
Persons ages 18-24	2	1		3
Accompanied Children under age 18	18		0	18
Unaccompanied Children under age 18			0	0
Total Persons	28	2	0	30

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	8									
Persons ages 18-24	2									
Children under age 18	18									
Total Persons	28	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021?	Yes
2. What type of CoC funding is this project applying for in the 2019 CoC Competition?	Reallocation + CoC Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year
*** 5. Select the costs for which funding is being requested:**	
Rental Assistance	X
Supportive Services	X
HMIS	
6. If awarded, will this project require an initial grant term greater than 12 months?	No

6E. Rental Assistance Budget

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

Total Request for Grant Term:	$137,316
Total Units:	10

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Tacoma, WA HUD Metro FMR Area (5...	10	$137,316

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: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$580	x	12		=	$0
0 Bedroom		x	$773	x	12		=	$0
1 Bedroom	2	x	$881	x	12		=	$21,144

2 Bedrooms	7	x	$1,145	x	12	=	$96,180
3 Bedrooms	1	x	$1,666	x	12	=	$19,992
4 Bedrooms		x	$2,017	x	12	=	$0
5 Bedrooms		x	$2,320	x	12	=	$0
6 Bedrooms		x	$2,622	x	12	=	$0
7 Bedrooms		x	$2,925	x	12	=	$0
8 Bedrooms		x	$3,227	x	12	=	$0
9 Bedrooms		x	$3,530	x	12	=	$0
Total Units and Annual Assistance Requested	10						$137,316
Grant Term							1 Year
Total Request for Grant Term							$137,316

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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	.5 FTE for Case Management	$27,546
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs	Occupancy	$2,380
Total Annual Assistance Requested		$29,926
Grant Term		1 Year
Total Request for Grant Term		$29,926

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$46,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$46,000

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	City of Tacoma	08/01/2019	$30,750
Yes	Cash	Government	Document Recordin...	08/01/2019	$15,250

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: (Be as specific as possible and include the office or grant program as applicable)	City of Tacoma
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$30,750

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: (Be as specific as possible and include the office or grant program as applicable)	Document Recording Fee Funding
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$15,250

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	$137,316	1 Year	$137,316
4. Supportive Services	$29,926	1 Year	$29,926
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$167,242
8. Admin (Up to 10%)			$16,724
9. Total Assistance Plus Admin Requested			$183,966
10. Cash Match			$46,000
11. In-Kind Match			$0
12. Total Match			$46,000
13. Total Budget			$229,966

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Match Letter	09/19/2019
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

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: Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/19/2019
1E. SF-424 Compliance	09/19/2019
1F. SF-424 Declaration	09/19/2019
1G. HUD 2880	09/19/2019
1H. HUD 50070	09/19/2019
1I. Cert. Lobbying	09/19/2019
1J. SF-LLL	09/19/2019
2A. Subrecipients	09/19/2019
2B. Experience	09/19/2019
3A. Project Detail	09/19/2019
3B. Description	09/19/2019
3C. Expansion	09/19/2019
4A. Services	09/19/2019
4B. Housing Type	09/19/2019
5A. Households	09/19/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/19/2019
6E. Rental Assistance	09/19/2019
6F. Supp Srvcs Budget	09/19/2019
6I. Match	09/19/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/19/2019
7D. Certification	09/19/2019

ASSOCIATED MINISTRIES

Uniting People of Faith to Build Stronger Communities

September 19, 2019

Valeri Knight
Pierce County Human Services – Community Services - Homeless Programs Unit
1305 Tacoma Avenue South, Ste 104
Tacoma, WA 98402

Dear Ms. Knight:

Please consider this letter as our commitment and certification for non-CoC program funds to be used to meet Associated Ministries' match for our Rapid Re-Housing – Family Permanent Housing Program. Funds will be used to provide support services requested from HUD CoC conditioned upon HUD approval of grant. This match will be available December 1, 2020 through November 30, 2021.

Associated Ministries' certifies that it will provide cash resources for supportive services in the amount of $46,000.

Sources will be as follows:

- **City of Tacoma - $30,750**
- **Pierce County DRF Funds - $15,250**

Total match equals $46,000.

If you have any questions, please feel free to contact Greg Hollmann at (253)383-3056 ext. 143.

Sincerely,

Michael Yoder
Executive Director

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0422
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

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

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	CCS Rapid Rehousing Project Combined
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
17. Proposed Project	
a. Start Date:	12/01/2020
b. End Date:	11/30/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$250,215.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CCS Rapid Rehousing Project Combined 1305 Tacoma Avenue South Tacoma Washington

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

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

Date Signed: 09/23/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

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

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$227,469.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

Information About Submission without Changes

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

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

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

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

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

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

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

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

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

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

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

2b. Combined Renewal Expansion Table

Stand-Alone Renewal or Stand-Alone New	Project Name	Total Requested Amount	PIN Number	Expiration Date
Stand-Alone Renewal	CCS Rapid Rehousing Project	$76,214	WA0422	10/31/2019
Stand-Alone New	CCS Rapid Rehousing Project	$180,885		

Combined Renewal Expansion Summary

Total Number of Grants in the Combined Renewal Expansion	2
Total Requested Amount in the Combined Renewal Expansion	$257,099

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

Renewal Grant Consolidation Screen

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

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

2A. Project Subrecipients

This 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: $257,099

Organization	Type	Type	Sub-Award Amount
Catholic Community Services	M. Nonprofit with 501C3 IRS Status		$257,099

2A. Project Subrecipients Detail

a. Organization Name: Catholic Community Services

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

c. Employer or Tax Identification Number: 91-1585652

	*** d. Organizational DUNS:**	799006341	**PLUS 4**	

e. Physical Address

Street 1: 1323 South Yakima

Street 2:

City: Tacoma

State: Washington

Zip Code: 98405

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-009, WA-008, WA-006, WA-010

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: $257,099

j. Contact Person

Prefix: Mr.

First Name: Alan

Middle Name: M

Last Name: Brown

Suffix:	
Title:	Director of Housing Services
E-mail Address:	alanb@ccsww.org
Confirm E-mail Address:	alanb@ccsww.org
Phone Number:	253-471-5340
Extension:	2,302
Fax Number:	523-471-5343

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0422
2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	CCS Rapid Rehousing Project Combined
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	RRH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

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

CCS-FHN will provide rapid rehousing to 20 households, both literally homeless single adults and literally homeless families with minor children. This project will prioritize the single adult population, because our County lacks this resource for them. This proposed rapid rehousing project will exclusively serve households prioritized and referred by the Pierce County CES (Coordinated Entry System), with a housing first approach that considers all households to be housing-ready. When households enter the RRH program, they are provided with case management, assistance creating an individualized Housing Stability Plan, and housing search and placement services to locate and lease suitable permanent housing as quickly as possible. Other available services include short-term rental assistance, hotel/motel fees when necessary while conducting the housing search, employment assistance, benefits assistance, housing application fees, moving and storage costs, and utility assistance including deposits and arrears when necessary. CCS-FHN uses a navigation approach to connect households with mainstream benefits and services such as health care, and utilizes a progressive engagement approach by providing only the amount of assistance households need to establish themselves in permanent housing. Depending upon individual need, participants are connected to resources in the community that reinforce their housing stability. Typically, these are resources for employment, education, or public benefits. CCS has well-established relationships with many of these resources, including WorkForce Central, the LEAP program, Manufacturing Academy, and DSHS. A Veteran Benefits Specialist subcontracts with CCS at the FHN site. A variety of relevant resources exist within other CCS programs, such as food assistance, counseling, and family support. Our navigation approach takes advantage of these established relationships to make a warm hand-off to a resource that can help meet a participant's stated need, or to walk with them as needed to a new resource. CCS-FHN is an active participant in the County's Rapid Rehousing Collaborative, a monthly meeting for learning and networking with other agencies that assist with housing stability for people experiencing homelessness.

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

3. Housing First

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

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

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

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

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

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

4A. Supportive Services for Participants

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Partner	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Monthly
Child Care		Partner	As needed
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Partner	Daily
Food		Partner	Weekly
Housing Search and Counseling Services		Subrecipient	Weekly
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	Daily
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 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: 20

Total Beds: 35

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

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: 1323 South Yakima

Street 2: 1323 South Yakima

City: Tacoma

State: Washington

ZIP Code: 98405

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

539053 Pierce 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	5	20	0	25

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	6	19		25
Persons ages 18-24	1	1		2
Accompanied Children under age 18	11		0	11
Unaccompanied Children under age 18				0
Total Persons	18	20	0	38

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	3	1	0	1	0	2	2	2	1	2
Persons ages 18-24	1	0	0	1	0	1	0	0	0	0
Children under age 18	0			0	0	0	0	0	0	11
Total Persons	4	1	0	2	0	3	2	2	1	13

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	6	1	0	2	0	6	4	5	4	4
Persons ages 18-24	1	0	0	0	0	1	0	0	0	0
Total Persons	7	1	0	2	0	7	4	5	4	4

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:

CCS RRH will serve any client referred through the Pierce County Coordinated Entry System

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year
5. Select the costs for which funding is being requested:	
Rental Assistance	X
Supportive Services	X
HMIS	

6C. Rental Assistance Budget

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:	$154,896
Total Units:	16

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Tacoma, WA HUD Metro FMR Area (5...	16	$154,896

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

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	$580	$580	x	12		=	$0
0 Bedroom	11	x	$773	$773	x	12		=	$102,036
1 Bedroom	5	x	$881	$881	x	12		=	$52,860
2 Bedrooms		x	$1,145	$1,145	x	12		=	$0
3 Bedrooms		x	$1,666	$1,666	x	12		=	$0
4 Bedrooms		x	$2,017	$2,017	x	12		=	$0
5 Bedrooms		x	$2,320	$2,320	x	12		=	$0
6 Bedrooms		x	$2,622	$2,622	x	12		=	$0
7 Bedrooms		x	$2,925	$2,925	x	12		=	$0
8 Bedrooms		x	$3,227	$3,227	x	12		=	$0
9 Bedrooms		x	$3,530	$3,530	x	12		=	$0
Total Units and Annual Assistance Requested	16								$154,896
Grant Term									1 Year
Total Request for Grant Term									$154,896

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:	$45,221
Total Value of In-Kind Commitments:	$19,054
Total Value of All Commitments:	$64,275

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	Day One Families ...	09/07/2018	$45,221
Yes	In-Kind	Private	Valeo Vocational ...	07/08/2019	$19,054

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: (Be as specific as possible and include the office or grant program as applicable)	Day One Families Fund
5. Date of Written Commitment:	09/07/2018
6. Value of Written Commitment:	$45,221

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Valeo Vocational Services
5. Date of Written Commitment:	07/08/2019
6. Value of Written Commitment:	$19,054

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

6E. Summary Budget

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$154,896
3. Supportive Services	$72,573
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$227,469
7. Admin (Up to 10%)	$22,746
8. Total Assistance plus Admin Requested	$250,215
9. Cash Match	$45,221
10. In-Kind Match	$19,054
11. Total Match	$64,275
12. Total Budget	$314,490

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Match Letter	09/23/2019
3) Other Attachment	No	Match Letter	09/23/2019

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description: Match Letter

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	MOU	09/23/2019

Attachment Details

Document Description: MOU

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 Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

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

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

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

make changes to all sections to add in expansion project and create a combined project

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	09/23/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/23/2019
1E. SF-424 Compliance	09/23/2019
1F. SF-424 Declaration	09/23/2019
1G. HUD-2880	09/23/2019
1H. HUD-50070	09/23/2019
1I. Cert. Lobbying	09/23/2019
1J. SF-LLL	09/23/2019
Recipient Performance	09/23/2019
Renewal Expansion	09/23/2019
Renewal Grant Consolidation	09/23/2019
2A. Subrecipients	09/23/2019
3A. Project Detail	09/23/2019
3B. Description	09/23/2019
4A. Services	09/23/2019
4B. Housing Type	09/23/2019
5A. Households	09/24/2019
5B. Subpopulations	09/23/2019
6A. Funding Request	09/23/2019
6C. Rental Assistance	09/23/2019
6D. Match	09/23/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/23/2019
7A. In-Kind Match MOU Attachment	09/23/2019
7B. Certification	09/23/2019
Submission Without Changes	09/23/2019

CATHOLIC COMMUNITY SERVICES
SERVING PEOPLE OF ALL BELIEFS

August 14, 2019

Pierce County Human Services
Community Services Division
1305 Tacoma Avenue South, Suite 104
Tacoma, WA 98402

Continuum of Care Funding Committee:

Catholic Community Services is committed to providing a 25% in-kind match in the amount of $19,054 for the proposed Continuum of Care funded CCS Rapid Rehousing program for the contract period covered by the application. Catholic Community Service's source for the in-kind match for this funding cycle is services provided through a partnership with Valeo Vocational Services. Please see the attached MOU for more details.

Sincerely,

Denny Hunthausen
Agency Director

PIERCE FAMILY CENTER
1323 Yakima Avenue • Tacoma, WA 98405 • (253) 383-3697 • FAX (253) 572-3193 • 800-372-3697
WWW.CCSWW.ORG/PIERCEFC

CATHOLIC COMMUNITY SERVICES
SERVING PEOPLE OF ALL BELIEFS

August 14, 2019

Pierce County Human Services
Community Services Division
1305 Tacoma Avenue South, Suite 104
Tacoma, WA 98402

Continuum of Care Funding Committee:

Catholic Community Services is committed to providing a 25% cash match in the amount of $45,221 for the proposed Continuum of Care funded CCS Rapid Rehousing Project Expansion for the contract period covered by the application. Catholic Community Service's source for the cash match for this funding cycle is a grant from the Day One Families Fund.

Sincerely,

Denny Hunthausen
Agency Director

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WWW.CCSWW.ORG/PIERCEFC

VALEO

Catholic Community Services-Valeo Match Agreement

Valeo Vocation, in partnership with Catholic Community Services (CCS), will provide match services for both employment case management and work placements for up to 10 individuals referred by CCS specifically for CCS Rapid Rehousing Program for the period of November 1, 2019 through October 31, 2020.

Valeo Vocation will meet with referred individuals for initial intake. At intake, Employment Case Manager (ECM) and participant will complete a stability assessment to determine work readiness. If participants are not considered immediately work-ready, but they do wish to become eligible for full-time employment (FTE); ECM will complete an Individual Employment Pathway (IEP) to create a plan for employment barrier removal. ECM and participant will meet weekly to address employment barrier reduction and IEP progress. The desired outcome for IEP will be permanent employment.

If participants are determined work-ready and able to move into FTE, they may be immediately referred for placement at a Valeo commercial contract. The desired outcome for placements at commercial contracts is permanent hire there, or working towards FTE elsewhere. If placed on commercial contract, participants will work an average of 40 hours a week, for 4 weeks, before becoming eligible for hire upon successful completion of 160 hours.

Individuals working towards work-readiness:

Employment CM Salary: $25/HR, fully burdened at $28/HR

$19,054 match/$28=679 CM HRS in one year

679/10 individuals=68 annual CM HRS per participant

68 CM HRS/12 Months in a year = 6 CM HRS per month, per individual

Individuals referred for work placement:

Average fully-burdened rate at typical WC code 7113: $14.50/HR

Goal of permanent hire is after 1 month worked of FTE, or 160 hours (40HRS/WK * 4WKS/MONTH): 14.50*160Hours=$2320

$19,054 match/$2320=8 individuals

Sherri Jensen, Valeo Vocation — Date: 7.8.19

Denny Hunthausen, Catholic Community Services — Date: 7-8-19

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4:**	

d. Address

Street 1: 1305 Tacoma Avenue South
Street 2: Suite 104
City: Tacoma
County: Pierce
State: Washington
Country: United States
Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Programs

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

Prefix: Mr.
First Name: Jeffrey
Middle Name:
Last Name: Rodgers
Suffix:
Title: Supervisor, Homeless Programs
Organizational Affiliation: Pierce County
Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: CCS Rapid Rehousing Project Expansion

16. Congressional District(s):

a. Applicant: WA-009, WA-008, WA-006, WA-010

b. Project: WA-009, WA-008, WA-006, WA-010
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 11/01/2020

b. End Date: 10/30/2021

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN): 91-6001359

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $180,885.00

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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 (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

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

Date Signed: 09/24/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying X

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

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

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$180,885.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from

No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

2A. Project Subrecipients

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

Total Expected Sub-Awards: $180,885

Organization	Type	Sub-Award Amount
Catholic Community Services of Western Washington	M. Nonprofit with 501C3 IRS Status	$180,885

2A. Project Subrecipients Detail

a. Organization Name: Catholic Community Services of Western Washington

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

If "Other" specify:

c. Employer or Tax Identification Number: 91-1585652

	*** d. Organizational DUNS:**	799006341	**PLUS 4:**	0000

e. Physical Address

Street 1: 1323 S Yakima Ave

Street 2:

City: Tacoma

State: Washington

Zip Code: 98405

f. Congressional District(s): (for multiple selections hold CTRL key) WA-009, WA-008, WA-006, WA-010

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: $180,885

j. Contact Person

Prefix: Mr.

First Name: James

Middle Name: Joseph

Last Name: Harper
Suffix:
Title: Grants Manager, Southwest Region
E-mail Address: jameshar@ccsww.org
Confirm E-mail Address: jameshar@ccsww.org
Phone Number: 253-502-2738
Extension:
Fax Number: 253-572-3193

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.

Since 2012, Catholic Community Services-Family Housing Network (CCS-FHN) has provided Housing First Rapid Rehousing (RRH) services in Pierce County for families with children as well as single adults or childless households. CCS-FHN is one of the largest providers of RRH in the County, with a capacity to serve about 200 households per year, including the administration of rent assistance. In addition to programs for the general population, CCS serves Veteran households with RRH services under a VA- funded Supportive Services for Veteran Families (SSVF) program. CCS-FHN also operates Permanent Supportive Housing and is a partner in the operation of the County's Coordinated Entry System, providing assessments for referrals to Continuum of Care programs and Diversion, a one-time assistance program. This program has utilized federal funds since 1996, including HUD CoC funds for Permanent Supportive Housing and Transitional Housing, ESG funds for shelter and rapid rehousing, and VA funds for rapid rehousing and homeless prevention. We have secured matching funds for the CoC and ESG-funded programs each year.
Our rapid rehousing program uses a Housing First approach by not imposing barriers or requirements for program entry, housing, or participation. Participants create their own Housing Stability Plan and are encouraged to use their strengths and assets to gain housing stability and take ownership of their plan. We employ progressive engagement by providing the minimum amount of assistance needed for the least amount of time, only increasing the level of services if housing is imminently at risk. We participate faithfully in the Pierce County Rapid Rehousing Collaborative, a monthly learning, networking, and accountability meeting of all rapid rehousing agencies. The FHN Data Administrator monitors our data quality for rapid rehousing, and our data quality is 99% accurate according to the most recent report.

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

Fees and grants from government amount to 82% of our organization's gross revenues for FYE 2019. Our program operates with a blend of funding which includes funding from the City of Tacoma, Pierce County, Veterans Administration, several private foundations, Washington State Homeless Grant, federal funds, Housing Authorities, and private donations. We currently provide rapid rehousing through a blend of funds from the Tacoma Housing Authority, State Consolidated Homeless Grant, ESG, VA, and Document Recording Fee funds.

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

Catholic Community Services of Western Washington is divided into 3 regions: Northwest, King County, and Southwest. The Southwest region, including Pierce County, is overseen by the regional Agency Director. Homeless services in Pierce County are divided into Homeless Adult Services and Family Housing Network, each with a Program Director. The FHN Program Director oversees the Rapid Rehousing Manager. We have an independent A-133 audit conducted annually. During the past three years, these audits have been conducted by Watson and McDonell, PLCC. Our most recent audit letter was dated January 4, 2018. We maintain dozens of funding relationships with government, and almost all of our government grants/contracts require that we record actual grant/contract expenses by budget category, and that we maintain backup documentation for program audit purposes. Our history with this type of government grant recordkeeping spans decades.

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:	WA-503 - Tacoma, Lakewood/Pierce County CoC
1b. CoC Collaborative Applicant Name:	Pierce County
2. Project Name:	CCS Rapid Rehousing Project Expansion
3. Project Status:	Standard
4. Component Type:	PH
4a. Will the PH project provide PSH or RRH?	RRH
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).	No
7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?	X

3B. Project Description

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

1. Provide a description that addresses the entire scope of the proposed project. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application. (Maximum 3000- character count including spaces.)
CCS-FHN will provide rapid rehousing to 20 households, both literally homeless single adults and literally homeless families with minor children. This project will prioritize the single adult population, because our County lacks this resource for them. This proposed rapid rehousing project will exclusively serve households prioritized and referred by the Pierce County CES (Coordinated Entry System), with a housing first approach that considers all households to be housing-ready. When households enter the RRH program, they are provided with case management, assistance creating an individualized Housing Stability Plan, and housing search and placement services to locate and lease suitable permanent housing as quickly as possible. Other available services include short-term rental assistance, hotel/motel fees when necessary while conducting the housing search, employment assistance, benefits assistance, housing application fees, moving and storage costs, and utility assistance including deposits and arrears when necessary.
CCS-FHN uses a navigation approach to connect households with mainstream benefits and services such as health care, and utilizes a progressive engagement approach by providing only the amount of assistance households need to establish themselves in permanent housing. Depending upon individual need, participants are connected to resources in the community that reinforce their housing stability. Typically, these are resources for employment, education, or public benefits. CCS has well-established relationships with many of these resources, including WorkForce Central, the LEAP program, Manufacturing Academy, and DSHS. A Veteran Benefits Specialist subcontracts with CCS at the FHN site. A variety of relevant resources exist within other CCS programs, such as food assistance, counseling, and family support. Our navigation approach takes advantage of these established relationships to make a warm hand-off to a resource that can help meet a participant's stated need, or to walk with them as needed to a new resource.
CCS-FHN is an active participant in the County's Rapid Rehousing Collaborative, a monthly meeting for learning and networking with other agencies that assist with housing stability for people experiencing homelessness.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave

the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	60			
Participants begin to occupy leased units or structure(s), and supportive services begin?	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	120			
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	☐	Domestic Violence	☐
Veterans	☐	Substance Abuse	☐
Youth (under 25)	☐	Mental Illness	☐
Families	☐	HIV/AIDS	☐
		Other (Click 'Save' to update)	☐

5. Housing First

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

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

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

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

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

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

1a. Eligible Renewal Grant PIN Number: WA0422

1b. Eligible Renewal Grant Project Name: CCS Rapid Rehousing Project

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

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

Current level of effort	
# of persons served at a point-in-time	7
# of units	5
# of beds	7
New effort	
# of additional persons served at a point in time that this project will provide	14
# of additional units this project will provide	11
# of additional beds this project will provide	14

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

4. Will this expansion project bring existing facilities up to government health and safety standards? No

4A. Supportive Services for Participants

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

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

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

CCS RRH cm assist participants to obtain housing that meets their unique needs as much as possible within the parameters of the program requirements and the participants' projected affordability. The CM also undertakes rent reasonableness studies when needed. This program has built and works to maintain relationships with several LL in the area. In partnership with our County's LLP, CCS works to recruit LL and educate them about the supports that the program can provide to them. This support is often an important factor in engaging a landlord's willingness to rent to participants with barriers. An important aspect of the strategy of helping participants remain in housing is the management and responsiveness to landlords' needs and the reinforcement of their participation. The CM is tasked to respond to landlord calls within 24 hours. The case manager will continue to work with the participant as much as they need to in order to assure timely rent payment and other tenant expectations.

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

The rapid rehousing case manager initially assesses the needs of the participant as well as their strengths and aspirations regarding employment and income. As they identify tangible goals and a timeline of tasks, the case manager will help the participant to connect with the resources they may need to work toward the goal of increasing income so that they can pay their rent and living costs. This often involves the establishment of an individualized budget

plan and money management skills. CCS has well-established relationships with many employment and income resources, including WorkForce Central, the LEAP program, Manufacturing Academy, and DSHS. A Veteran Benefits Specialist subcontracts with CCS at the FHN site.

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

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

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

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

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

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

6a. Has the staff person providing the Yes

technical assistance completed SOAR training in the past 24 months.

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: 20

Total Beds: 35

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

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: 1323 S Yakima Ave

Street 2:

City: Tacoma

State: Washington

ZIP Code: 98405

***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)**

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

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	5	15	0	20

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	6	14		20
Persons ages 18-24	1	1		2
Accompanied Children under age 18	11		0	11
Unaccompanied Children under age 18			0	0
Total Persons	18	15	0	33

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	3	1	0	1	0	2	2	2	1	2
Persons ages 18-24	1	0	0	1	0	1	0	0	0	0
Children under age 18				0	0			0	0	11
Total Persons	4	1	0	2	0	3	2	2	1	13

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	6	1	0	2	0	6	4	5	1	4
Persons ages 18-24	1	0	0	0	0	1	0	1	0	0
Total Persons	7	1	0	2	0	7	4	6	1	4

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:

Project will serve any client referred through CE

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021?	Yes
2. What type of CoC funding is this project applying for in the 2019 CoC Competition?	Reallocation + CoC Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year
*** 5. Select the costs for which funding is being requested:**	
Rental Assistance	X
Supportive Services	X
HMIS	
6. If awarded, will this project require an initial grant term greater than 12 months?	No

6E. Rental Assistance Budget

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

Total Request for Grant Term:	$107,220
Total Units:	11

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Tacoma, WA HUD Metro FMR Area (5...	11	$107,220

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: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$580	x	12		=	$0
0 Bedroom	7	x	$773	x	12		=	$64,932
1 Bedroom	4	x	$881	x	12		=	$42,288

2 Bedrooms		x	$1,145	x	12	=	$0
3 Bedrooms		x	$1,666	x	12	=	$0
4 Bedrooms		x	$2,017	x	12	=	$0
5 Bedrooms		x	$2,320	x	12	=	$0
6 Bedrooms		x	$2,622	x	12	=	$0
7 Bedrooms		x	$2,925	x	12	=	$0
8 Bedrooms		x	$3,227	x	12	=	$0
9 Bedrooms		x	$3,530	x	12	=	$0
Total Units and Annual Assistance Requested	11						$107,220
Grant Term							1 Year
Total Request for Grant Term							$107,220

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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	.75 FTE CM (salary + benefits)	$39,035
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	bus passes or tickets, emergency gas assistance @ $250 per households X 20 households	$5,000
16. Utility Deposits	Average $150 per household X20	$3,000
17. Operating Costs	Costs for 1.1 FTE staff for office space, supplies, communications, staff travel	$10,186
Total Annual Assistance Requested		$57,221
Grant Term		1 Year
Total Request for Grant Term		$57,221

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$45,221
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$45,221

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Day One Families ...	08/01/2019	$45,221

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Day One Families Fund
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$45,221

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	$107,220	1 Year	$107,220
4. Supportive Services	$57,221	1 Year	$57,221
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$164,441
8. Admin (Up to 10%)			$16,444
9. Total Assistance Plus Admin Requested			$180,885
10. Cash Match			$45,221
11. In-Kind Match			$0
12. Total Match			$45,221
13. Total Budget			$226,106

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Match Letter	09/23/2019
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

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: Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/23/2019
1E. SF-424 Compliance	09/23/2019
1F. SF-424 Declaration	09/23/2019
1G. HUD 2880	09/23/2019
1H. HUD 50070	09/23/2019
1I. Cert. Lobbying	09/23/2019
1J. SF-LLL	09/23/2019
2A. Subrecipients	09/23/2019
2B. Experience	09/23/2019
3A. Project Detail	09/23/2019
3B. Description	09/23/2019
3C. Expansion	09/23/2019
4A. Services	09/23/2019
4B. Housing Type	09/23/2019
5A. Households	09/24/2019
5B. Subpopulations	09/23/2019
6A. Funding Request	09/23/2019
6E. Rental Assistance	09/23/2019
6F. Supp Srvcs Budget	09/23/2019
6I. Match	09/23/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/23/2019
7D. Certification	09/23/2019

CATHOLIC COMMUNITY SERVICES
SERVING PEOPLE OF ALL BELIEFS

August 14, 2019

Pierce County Human Services
Community Services Division
1305 Tacoma Avenue South, Suite 104
Tacoma, WA 98402

Continuum of Care Funding Committee:

Catholic Community Services is committed to providing a 25% cash match in the amount of $45,221 for the proposed Continuum of Care funded CCS Rapid Rehousing Project Expansion for the contract period covered by the application. Catholic Community Service's source for the cash match for this funding cycle is a grant from the Day One Families Fund.

Sincerely,

Denny Hunthausen
Agency Director

PIERCE FAMILY CENTER
1323 Yakima Avenue • Tacoma, WA 98405 • (253) 383-3697 • FAX (253) 572-3193 • 800-372-3697
WWW.CCSWW.ORG/PIERCEFC

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/26/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0422
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

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

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	CCS Rapid Rehousing Project
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
17. Proposed Project	
a. Start Date:	12/01/2020
b. End Date:	11/30/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$76,214.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CCS Rapid Rehousing Project 1305 Tacoma Avenue South Tacoma Washington

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

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

Date Signed: 09/11/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

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

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$73,214.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Gordon Thomas Honeywell
1201 Pacific Ave # 2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Gordon Thomas Honeywell
1201 Pacific Ave # 2100
Tacoma WA 98402

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

Information About Submission without Changes

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

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

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

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

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

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

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

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

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

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.	Yes
2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application?	Stand-Alone Renewal Expansion
2a. Input the name and grant number of the combined renewal expansion	
Combined Renewal Expansion Project Name:	CCS Rapid Rehousing Project
combined Renewal Expansion PIN Number:	WA0422

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: $76,214

Organization	Type	Type	Sub-Award Amount
Catholic Community Services	M. Nonprofit with 501C3 IRS Status		$76,214

2A. Project Subrecipients Detail

a. Organization Name: Catholic Community Services

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

c. Employer or Tax Identification Number: 91-1585652

	*** d. Organizational DUNS:**	799006341	**PLUS 4**	

e. Physical Address

Street 1: 1323 South Yakima

Street 2:

City: Tacoma

State: Washington

Zip Code: 98405

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-009, WA-008, WA-006, WA-010

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: $76,214

j. Contact Person

Prefix: Mr.

First Name: Alan

Middle Name: M

Last Name: Brown

Suffix:	
Title:	Director of Housing Services
E-mail Address:	alanb@ccsww.org
Confirm E-mail Address:	alanb@ccsww.org
Phone Number:	253-471-5340
Extension:	2,302
Fax Number:	523-471-5343

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant:	WA0422

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

2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	CCS Rapid Rehousing Project
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	RRH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

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

CCS-FHN will provide rapid rehousing to 20 households, both literally homeless single adults and literally homeless families with minor children. This project will prioritize the single adult population, because our County lacks this resource for them. This proposed rapid rehousing project will exclusively serve households prioritized and referred by the Pierce County CES (Coordinated Entry System), with a housing first approach that considers all households to be housing-ready. When households enter the RRH program, they are provided with case management, assistance creating an individualized Housing Stability Plan, and housing search and placement services to locate and lease suitable permanent housing as quickly as possible. Other available services include short-term rental assistance, hotel/motel fees when necessary while conducting the housing search, employment assistance, benefits assistance, housing application fees, moving and storage costs, and utility assistance including deposits and arrears when necessary. CCS-FHN uses a navigation approach to connect households with mainstream benefits and services such as health care, and utilizes a progressive engagement approach by providing only the amount of assistance households need to establish themselves in permanent housing. Depending upon individual need, participants are connected to resources in the community that reinforce their housing stability. Typically, these are resources for employment, education, or public benefits. CCS has well-established relationships with many of these resources, including WorkForce Central, the LEAP program, Manufacturing Academy, and DSHS. A Veteran Benefits Specialist subcontracts with CCS at the FHN site. A variety of relevant resources exist within other CCS programs, such as food assistance, counseling, and family support. Our navigation approach takes advantage of these established relationships to make a warm hand-off to a resource that can help meet a participant's stated need, or to walk with them as needed to a new resource. CCS-FHN is an active participant in the County's Rapid Rehousing Collaborative, a monthly meeting for learning and networking with other agencies that assist with housing stability for people experiencing homelessness.

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

3. Housing First

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

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

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

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

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

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

4A. Supportive Services for Participants

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

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Partner	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Monthly
Child Care		Partner	As needed
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Partner	Daily
Food		Partner	Weekly
Housing Search and Counseling Services		Subrecipient	Weekly
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	Daily
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

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

Total Units: 5

Total Beds: 10

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

4B. Housing Type and Location Detail

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

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

a. Units: 5

b. Beds: 10

3. Address

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

Street 1: 1323 South Yakima

Street 2: 1323 South Yakima

City: Tacoma

State: Washington

ZIP Code: 98405

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

539053 Pierce 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	0	5	0	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	0	4		4
Persons ages 18-24	0	1		1
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18				0
Total Persons	0	5	0	5

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										
Persons 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	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	4	0	0	0	0	0	0	0	0	0
Persons ages 18-24	1	0	0	0	0	0	0	0	0	0
Total Persons	5	0	0	0	0	0	0	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

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year
5. Select the costs for which funding is being requested:	

Rental Assistance	X
Supportive Services	X
HMIS	

6C. Rental Assistance Budget

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:	$47,676
Total Units:	5

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Tacoma, WA HUD Metro FMR Area (5...	5	$47,676

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

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	$580	$580	x	12		=	$0
0 Bedroom	4	x	$773	$773	x	12		=	$37,104
1 Bedroom	1	x	$881	$881	x	12		=	$10,572
2 Bedrooms		x	$1,145	$1,145	x	12		=	$0
3 Bedrooms		x	$1,666	$1,666	x	12		=	$0
4 Bedrooms		x	$2,017	$2,017	x	12		=	$0
5 Bedrooms		x	$2,320	$2,320	x	12		=	$0
6 Bedrooms		x	$2,622	$2,622	x	12		=	$0
7 Bedrooms		x	$2,925	$2,925	x	12		=	$0
8 Bedrooms		x	$3,227	$3,227	x	12		=	$0
9 Bedrooms		x	$3,530	$3,530	x	12		=	$0
Total Units and Annual Assistance Requested	5								$47,676
Grant Term									1 Year
Total Request for Grant Term									$47,676

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$19,054
Total Value of All Commitments:	$19,054

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	Private	Valeo Vocational ...	07/08/2019	$19,054

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Valeo Vocational Services
5. Date of Written Commitment:	07/08/2019
6. Value of Written Commitment:	$19,054

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

6E. Summary Budget

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$47,676
3. Supportive Services	$25,538
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$73,214
7. Admin (Up to 10%)	$3,000
8. Total Assistance plus Admin Requested	$76,214
9. Cash Match	$0
10. In-Kind Match	$19,054
11. Total Match	$19,054
12. Total Budget	$95,268

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Valeo CCS Match MOU	09/11/2019
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Valeo CCS Match MOU

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	In-Kind Match MOU	09/11/2019

Attachment Details

Document Description: In-Kind Match MOU

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 Bruce Dammeier

Date: 09/26/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

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

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

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):

changes to match only. updating Part 4 and 5 due to less funding being awarded last year than applied. missing question. missing question from rental assistance budget

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/11/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/11/2019

1E. SF-424 Compliance	09/11/2019
1F. SF-424 Declaration	09/11/2019
1G. HUD-2880	09/11/2019
1H. HUD-50070	09/11/2019
1I. Cert. Lobbying	09/11/2019
1J. SF-LLL	09/11/2019
Recipient Performance	09/11/2019
Renewal Expansion	09/26/2019
2A. Subrecipients	09/11/2019
3A. Project Detail	09/11/2019
3B. Description	09/11/2019
4A. Services	09/11/2019
4B. Housing Type	09/11/2019
5A. Households	09/12/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/11/2019
6C. Rental Assistance	09/11/2019
6D. Match	09/11/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/11/2019
7A. In-Kind Match MOU Attachment	09/11/2019
7B. Certification	09/11/2019
Submission Without Changes	09/11/2019

VALEO

Catholic Community Services-Valeo Match Agreement

Valeo Vocation, in partnership with Catholic Community Services (CCS), will provide match services for both employment case management and work placements for up to 10 individuals referred by CCS specifically for CCS Rapid Rehousing Program for the period of November 1, 2019 through October 31, 2020.

Valeo Vocation will meet with referred individuals for initial intake. At intake, Employment Case Manager (ECM) and participant will complete a stability assessment to determine work readiness. If participants are not considered immediately work-ready, but they do wish to become eligible for full-time employment (FTE); ECM will complete an Individual Employment Pathway (IEP) to create a plan for employment barrier removal. ECM and participant will meet weekly to address employment barrier reduction and IEP progress. The desired outcome for IEP will be permanent employment.

If participants are determined work-ready and able to move into FTE, they may be immediately referred for placement at a Valeo commercial contract. The desired outcome for placements at commercial contracts is permanent hire there, or working towards FTE elsewhere. If placed on commercial contract, participants will work an average of 40 hours a week, for 4 weeks, before becoming eligible for hire upon successful completion of 160 hours.

Individuals working towards work-readiness:

Employment CM Salary: $25/HR, fully burdened at $28/HR

$19,054 match/$28=679 CM HRS in one year

679/10 individuals=68 annual CM HRS per participant

68 CM HRS/12 Months in a year = 6 CM HRS per month, per individual

Individuals referred for work placement:

Average fully-burdened rate at typical WC code 7113: $14.50/HR

Goal of permanent hire is after 1 month worked of FTE, or 160 hours (40HRS/WK * 4WKS/MONTH): 14.50*160Hours=$2320

$19,054 match/$2320=8 individuals

Sherri Jensen, Valeo Vocation — Date: 7.8.19

Denny Hunthausen, Catholic Community Services — Date: 7-8-19

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Sherri Jensen, Valeo Vocation — Date: 7.8.19

Denny Hunthausen, Catholic Community Services — Date: 7-8-19

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/26/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0154
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

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

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Collaborative Housing Expansion
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
17. Proposed Project	
a. Start Date:	12/01/2020
b. End Date:	11/30/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$739,991.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Collaborative Housing Expansion 1305 Tacoma Avenue South Tacoma Washington

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

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

Date Signed: 09/17/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

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

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$695,374.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1201 Pacific Ave # 2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1201 Pacific Ave # 2100
Tacoma WA 98402

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

Information About Submission without Changes

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

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

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

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

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

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

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

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

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

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

Renewal Grant Consolidation Screen

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards: $739,991

Organization	Type	Type	Sub-Award Amount
Share and Care House	N. Nonprofit without 501C3 IRS Status		$739,991

2A. Project Subrecipients Detail

a. Organization Name: Share and Care House

b. Organization Type: N. Nonprofit without 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1741654

	*** d. Organizational DUNS:**	180404402	**PLUS 4**	

e. Physical Address

Street 1: PO Box 800

Street 2:

City: Puyallup

State: Washington

Zip Code: 98371

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-009, WA-008, WA-006, WA-010

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: $739,991

j. Contact Person

Prefix: Mrs.

First Name: Charlene

Middle Name:

Last Name: Hamblen

Suffix:	
Title:	Executive Director
E-mail Address:	charleneh@shareandcarehouse.com
Confirm E-mail Address:	charleneh@shareandcarehouse.com
Phone Number:	253-840-3402
Extension:	771
Fax Number:	253-840-3401

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0154
2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	Collaborative Housing Expansion
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Does this project include Replacement Reserves?	No

3B. Project Description

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

Collaborative Housing project is designed to serve Pierce County's most vulnerable chronically homeless households following the Housing First model. These households frequently have multiple barriers to obtain housing, including criminal history, poor financial history, insufficient funds, and inability to process paperwork. SCH maintains master leases at scattered sites in the community and subleases to participants. Housing Advocates utilize Housing First principles to create client-centered housing stability plans and budgets. These tools assist households in identifying resources and services they are interested in receiving to maintain housing stability. Housing Advocates work with households to connect to community resources and benefits they are eligible to receive. Housing Advocates engage a network of community partners and local resources to meet the unique needs of each household.

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

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

Chronic Homeless	X	**Domestic Violence**	
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

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

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

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

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

4A. Supportive Services for Participants

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

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	Monthly
Case Management		Subrecipient	Daily
Child Care		Non-Partner	As needed
Education Services		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		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	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

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: 80

Total Beds: 80

Total Dedicated CH Beds: 80

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	80	80

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: 80

b. Beds: 80

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 80

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: 702 23rd Ave SE

Street 2:

City: Puyallup

State: Washington

ZIP Code: 98371

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

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

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	0	80	0	80

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	80		80
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	80	0	80

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										
Persons 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	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	80									
Persons ages 18-24	0									
Total Persons	80	0	0	0	0	0	0	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

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	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6B. Leased Units Budget

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

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	$609,049
Grant Term:	1 Year
Total Request for Grant Term:	$609,049
Total Units:	10

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
WA - Tacoma, WA H...	10	$609,049	$609,049

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: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
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	10	$609,049
Grant Term		1 Year
Total Request for Grant Term		$609,049

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:	$274,009
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$274,009

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

1a. Briefly describe the source of the program income:

program income from client rental portion

1b. Estimate the amount of program income that will be used as Match for this project: $170,000

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Program Income	08/05/2019	$170,000
Yes	Cash	Government	Document Recordin...	08/05/2019	$104,009

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Program Income
5. Date of Written Commitment:	08/05/2019
6. Value of Written Commitment:	$170,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Document Recording Fee Funding
5. Date of Written Commitment:	08/05/2019
6. Value of Written Commitment:	$104,009

6E. Summary Budget

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$609,049
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$65,545
4. Operating	$20,780
5. HMIS	$0
6. Sub-total Costs Requested	$695,374
7. Admin (Up to 10%)	$44,617
8. Total Assistance plus Admin Requested	$739,991
9. Cash Match	$274,009
10. In-Kind Match	$0
11. Total Match	$274,009
12. Total Budget	$1,014,000

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Desig	09/17/2019
2) Other Attachmenbt	No	match letter	09/17/2019
3) Other Attachment	No		

Attachment Details

Document Description: IRS Desig

Attachment Details

Document Description: match letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Bruce Dammeier

Date: 09/26/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

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

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
Part 6 - Budget Information	
6A. Funding Request	X
6B. Leased Units	
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

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

2a- updating sub recipients
3B- updating description based on HUD approved budget
6E- updating summary budget based on HUD approved budget
6A- updating funding request
4B, 5A, 5B- updating housing type, households, and sub populations based on approved HUD contracts and new project expansion numbers

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	09/17/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/17/2019
1E. SF-424 Compliance	09/17/2019
1F. SF-424 Declaration	09/17/2019
1G. HUD-2880	09/17/2019
1H. HUD-50070	09/17/2019
1I. Cert. Lobbying	09/17/2019
1J. SF-LLL	09/17/2019
Recipient Performance	09/17/2019
Renewal Expansion	09/17/2019
Renewal Grant Consolidation	09/17/2019
2A. Subrecipients	09/17/2019
3A. Project Detail	09/17/2019
3B. Description	09/20/2019
3C. Dedicated Plus	09/17/2019
4A. Services	09/17/2019
4B. Housing Type	09/17/2019
5A. Households	09/17/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/17/2019
6B. Leased Units	09/17/2019
6D. Match	09/17/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/17/2019
7B. Certification	09/17/2019
Submission Without Changes	09/17/2019

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

DEPARTMENT OF THE TREASURY

Date: AUG 1 5 2000

SHARE AND CARE HOUSE
PO BOX 800 121 6TH AVE SW
PUYALLUP, WA 98371

Employer Identification Number:
91-1741654
DLN:
17053110016010
Contact Person:
LAURIE FORTUNE
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Addendum Applies:
No

ID# 95002

Dear Applicant:

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

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

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

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

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)(2) 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

Letter 947 (DO/CG)

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)(2) organization.

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 Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors 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. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, 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 a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding $1,000,000 in any year, the penalty is $100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding $1,000,000 shall not exceed $50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

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

Letter 947 (DO/CG)

SHARE AND CARE HOUSE

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

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

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

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

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

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

Sincerely yours,

Steven T. Miller by LSP

Steven T. Miller
Director, Exempt Organizations

Letter 947 (DO/CG)

Share & Care House

Puyallup Office
P.O. Box 800
702 23rd Ave SE
Puyallup, WA 98371
(253) 841-8886
Fax#: (253) 840-3401

Seattle Office
11460 1st Ave South
Seattle, WA 98168
(206) 764-4849
Fax#: (206) 767-3529

Guardian/Tacoma Office
3418 McKinley Ave
Tacoma, WA 98404
(253) 564-4194
Fax#: (253) 564-4237

Tigard Office
P.O. Box 230849
13855 Pacific Hwy
Tigard, OR 97281
(503) 684-8882
Fax#: (503) 684-8880

August 5, 2019

Jeff Rodgers
Pierce County Human Services
1305 Tacoma Avenue South, Suite 104
Tacoma, WA 98402

RE: FY July 1, 2020 – June 30, 2021 HUD Project – Collaborative Housing

Dear Mr. Rodgers,

Share & Care House (SCH) has committed $274,009 for Collaborative Housing during July 1, 2020 – June 30, 2021. These committed funds are generated by program income and DRF and not statutorily prohibited to be used as a match.

The only condition for this match is the approval of the HUD grant requested for this time period. Please let me know if you have any questions.

Sincerely,

Charlene Hamblen, CPG
Share & Care House, Executive Director
(253) 840-3402 ext. 771
charleneh@shareandcarehouse.com

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0355
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

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

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Discover Independence Combined
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-010
17. Proposed Project	
a. Start Date:	12/01/2018
b. End Date:	11/30/2019
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$546,185.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Discover Independence Combined 1305 Tacoma Avenue South Tacoma Washington

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

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

Date Signed: 09/23/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

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

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$496,532.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

Information About Submission without Changes

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

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

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

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

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

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

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

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

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

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

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

2b. Combined Renewal Expansion Table

Stand-Alone Renewal or Stand-Alone New	Project Name	Total Requested Amount	PIN Number	Expiration Date
Stand-Alone Renewal	Discover Independence	$324,872	WA0355	12/01/2020
Stand-Alone New	Discover Independence Expansion	$220,176		

Combined Renewal Expansion Summary

Total Number of Grants in the Combined Renewal Expansion	2
Total Requested Amount in the Combined Renewal Expansion	$545,048

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

Renewal Grant Consolidation Screen

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

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

2A. Project Subrecipients

This 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: $545,048

Organization	Type	Type	Sub-Award Amount
Share & Care House	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$545,048

2A. Project Subrecipients Detail

a. Organization Name: Share & Care House

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

c. Employer or Tax Identification Number: 91-1741654

	*** d. Organizational DUNS:**	180404402	**PLUS 4**	

e. Physical Address

Street 1: 702 23rd Ave SE

Street 2: PO Box 800, 98371

City: Puyallup

State: Washington

Zip Code: 98372

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-010

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: $545,048

j. Contact Person

Prefix: Ms.

First Name: Charlene

Middle Name: D

Last Name: Hamblen

Suffix:	
Title:	Executive Director
E-mail Address:	CharleneH@shareandcarehouse.com
Confirm E-mail Address:	CharleneH@shareandcarehouse.com
Phone Number:	253-840-3402
Extension:	771
Fax Number:	253-840-3401

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:	WA0355

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

2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	Discover Independence Combined
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Does this project include Replacement Reserves?	No

3B. Project Description

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

Discover Independence will be a permanent supportive housing program utilizing scattered-site leased units in Pierce County for Chronically Homeless Disabled participants with high barriers to housing and extremely low income. SCH maintains master leases with landlords and subleases to program participants. Program participants have very low or extremely low income based on HUD AMI limits and will contribute 30% of their income for rent. Tailoring case management for each participant's needs, SCH Housing Specialists are advocates for twenty-eight (28) households including veterans and families; assisting in maintaining permanent stable housing, accessing and obtaining all public assistance benefits available, increasing their income, and developing job and life skills. Committed community service providers include: St. Francis House for furnishings and household goods, WorkSource, Workforce, LEAP, and Goodwill for employment readiness, DSHS, VA, and SSA for benefit resources, Greater Lakes PATH program, Good Sam Behavioral Health, and Comprehensive Life Resources for mental health counseling; MDC for chemical dependencies and housing options, All Saints and local Food Banks to subsidize grocery needs, and local churches and agency volunteers for additional tailored needs.

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

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

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

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

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

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

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.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 lll.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 lll.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 lll.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		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Weekly
Child Care		Partner	Monthly
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Subrecipient	Monthly
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		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? No

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: 40

Total Beds: 44

Total Dedicated CH Beds: 44

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	40	44

4B. Housing Type and Location Detail

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

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

a. Units: 40

b. Beds: 44

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 44

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: PO Box 800

Street 2:

City: Puyallup

State: Washington

ZIP Code: 98371

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

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

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	4	36	0	40

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	3	32		35
Persons ages 18-24	1	4		5
Accompanied Children under age 18	4			4
Unaccompanied Children under age 18				0
Total Persons	8	36	0	44

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	3									
Persons ages 18-24	1									
Children under age 18	4									
Total Persons	8	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	24			10		20		4		
Persons ages 18-24	2					2				
Total Persons	26	0	0	10	0	22	0	4	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

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	$430,476
Grant Term:	1 Year
Total Request for Grant Term:	$430,476
Total Units:	40

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
WA - Tacoma, WA H...	40	$430,476	$430,476

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: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	36	
2 Bedroom	4	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	40	$430,476
Grant Term		1 Year
Total Request for Grant Term		$430,476

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:	$111,301
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$111,301

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

1a. Briefly describe the source of the program income:

client rental contribution

1b. Estimate the amount of program income that will be used as Match for this project: $55,844

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Rental Contributions	08/01/2019	$55,844
Yes	Cash	Government	Document Recordin...	08/01/2019	$55,457

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Rental Contributions
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$55,844

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: (Be as specific as possible and include the office or grant program as applicable)	Document Recording Fee Funding
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$55,457

6E. Summary Budget

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$430,476
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$49,000
4. Operating	$17,056
5. HMIS	$0
6. Sub-total Costs Requested	$496,532
7. Admin (Up to 10%)	$49,653
8. Total Assistance plus Admin Requested	$546,185
9. Cash Match	$111,301
10. In-Kind Match	$0
11. Total Match	$111,301
12. Total Budget	$657,486

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	SCH IRS Designation	09/02/2016
2) Other Attachmenbt	No	Match Letter	09/24/2019
3) Other Attachment	No	Match Letter	09/24/2019

Attachment Details

Document Description: SCH IRS Designation

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description: Match Letter

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 Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

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

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
Part 6 - Budget Information	
6A. Funding Request	X
6B. Leased Units	X
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

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):

updating all section to create a combined expansion project

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	09/24/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/23/2019
1E. SF-424 Compliance	09/23/2019
1F. SF-424 Declaration	09/23/2019
1G. HUD-2880	09/23/2019
1H. HUD-50070	09/23/2019
1I. Cert. Lobbying	09/23/2019
1J. SF-LLL	09/23/2019
Recipient Performance	09/23/2019
Renewal Expansion	09/24/2019
Renewal Grant Consolidation	09/24/2019
2A. Subrecipients	09/23/2019
3A. Project Detail	09/23/2019
3B. Description	09/23/2019
3C. Dedicated Plus	09/23/2019
4A. Services	09/23/2019
4B. Housing Type	09/23/2019
5A. Households	09/23/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/23/2019
6B. Leased Units	09/23/2019
6D. Match	09/24/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/24/2019
7B. Certification	09/24/2019
Submission Without Changes	09/23/2019

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

DEPARTMENT OF THE TREASURY

Date: AUG 1 5 2000

SHARE AND CARE HOUSE
PO BOX 800 121 6TH AVE SW
PUYALLUP, WA 98371

Employer Identification Number:
91-1741654
DLN:
17053110016010
Contact Person:
LAURIE FORTUNE
ID# 95002
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Addendum Applies:
No

Dear Applicant:

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

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

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

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

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)(2) 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)(2) organization.

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 Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors 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. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, 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 a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding $1,000,000 in any year, the penalty is $100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding $1,000,000 shall not exceed $50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

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

SHARE AND CARE HOUSE

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

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

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

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

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

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

Sincerely yours,

Steven T. Miller by LLP

Steven T. Miller
Director, Exempt Organizations

Share & Care House

Puyallup Office
P.O. Box 800
702 23rd Ave SE
Puyallup, WA 98371
(253) 841-8886
Fax#: (253) 840-3401

Seattle Office
11460 1st Ave South
Seattle, WA 98168
(206) 764-4849
Fax#: (206) 767-3529

Guardian/Tacoma Office
3418 McKinley Ave
Tacoma, WA 98404
(253) 564-4194
Fax#: (253) 564-4237

Tigard Office
P.O. Box 230849
13855 Pacific Hwy
Tigard, OR 97281
(503) 684-8882
Fax#: (503) 684-8880

August 6, 2019

Jeff Rodgers
Pierce County Human Services
1305 Tacoma Avenue South, Suite 104
Tacoma, WA 98402

RE: FY December 1, 2020 – November 30, 2021 HUD Project – Discover Independence - Expansion

Dear Mr. Rodgers,

Share & Care House (SCH) has committed $14,000 for Discover Independence – Expansion during December 1, 2020 – November 30, 2021. These committed funds are generated by program income and DRF and not statutorily prohibited to be used as a match.

The only condition for this match is the approval of the HUD grant requested for this time period. Please let me know if you have any questions.

Sincerely,

Charlene Hamblen, CPG
Share & Care House, Executive Director
(253) 840-3402 ext. 771
charleneh@shareandcarehouse.com

Share & Care House

Puyallup Office
P.O. Box 800
702 23rd Ave SE
Puyallup, WA 98371
(253) 841-8886
Fax#: (253) 840-3401

Seattle Office
11460 1st Ave South
Seattle, WA 98168
(206) 764-4849
Fax#: (206) 767-3529

Guardian/Tacoma Office
3418 McKinley Ave
Tacoma, WA 98404
(253) 564-4194
Fax#: (253) 564-4237

Tigard Office
P.O. Box 230849
13855 Pacific Hwy
Tigard, OR 97281
(503) 684-8882
Fax#: (503) 684-8880

August 6, 2019

Jeff Rodgers
Pierce County Human Services
1305 Tacoma Avenue South, Suite 104
Tacoma, WA 98402

RE: FY December 1, 2020 – November 30, 2021 HUD Project – Discover Independence

Dear Mr. Rodgers,

Share & Care House (SCH) has committed $97,301 for Discover Independence during December 1, 2020 – November 30, 2021. These committed funds are generated by program income and DRF and not statutorily prohibited to be used as a match.

The only condition for this match is the approval of the HUD grant requested for this time period. Please let me know if you have any questions.

Sincerely,

Charlene Hamblen, CPG
Share & Care House, Executive Director
(253) 840-3402 ext. 771
charleneh@shareandcarehouse.com

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4:**	

d. Address

Street 1: 1305 Tacoma Avenue South
Street 2: Suite 104
City: Tacoma
County: Pierce
State: Washington
Country: United States
Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Programs

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

Prefix: Mr.
First Name: Jeffrey
Middle Name:
Last Name: Rodgers
Suffix:
Title: Supervisor, Homeless Programs
Organizational Affiliation: Pierce County
Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Discover Independence- Expansion
16. Congressional District(s):	
a. Applicant:	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
17. Proposed Project	
a. Start Date:	12/01/2020
b. End Date:	11/30/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN): 91-6001359

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $214,500.00

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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 (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

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

Date Signed: 09/24/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

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

2. Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying X

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

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

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$214,500.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from

No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

2A. Project Subrecipients

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

Total Expected Sub-Awards: $220,176

Organization	Type	Sub-Award Amount
Share and Care House	M. Nonprofit with 501C3 IRS Status	$220,176

2A. Project Subrecipients Detail

a. Organization Name: Share and Care House

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

c. Employer or Tax Identification Number: 91-1741654

	*** d. Organizational DUNS:**	180404402	**PLUS 4:**	

e. Physical Address
Street 1: PO Box 800
Street 2:
City: Puyallup
State: Washington
Zip Code: 98371

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-008, WA-007, WA-010, WA-006

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: $220,176

j. Contact Person
Prefix: Ms.
First Name: Charlene
Middle Name: D

Last Name:	Hamblen
Suffix:	
Title:	Executive Director
E-mail Address:	charleneh@shareandcarehouse.com
Confirm E-mail Address:	charleneh@shareandcarehouse.com
Phone Number:	253-840-3402
Extension:	771
Fax Number:	253-840-3401

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.

Share and Care House (SCH) currently operates 8 housing projects, utilizing $4.0 million dollars in grants and program income to serve 703 households in Pierce County this past fiscal year. Projects include Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), and Housing and Essential Needs (HEN). SCH routinely enters data into HMIS at least weekly inputting accurate and quality data. SCH currently leases 140 PSH units utilizing HUD CoC funds, operates 3 SCH owned site-based projects, and currently providing rental assistance to 300 households. As a sub-recipient SCH works closely with the Applicant, Pierce County, to ensure contractual obligations are met, collaborate on developing best practices for our community, and implementation of desired services. SCH applies for cash match funds from local government entities, private foundations, and private donors. SCH has the necessary foundation of staffing, experience, software, offices, security measures, and financial resources to undertake additional requirements and consistently maintain compliance as we expand housing and other programs.

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

Beginning in 2010, SCH successfully applied for and managed match funding from the Applicant utilizing local State/County funding, various foundations such as BECF, and utilizing program income to meet and often times exceed the match requirements set forth by HUD. We recently expanded services to include Supportive Housing Services contracting with Amerigroup. This is increasing match and services available to vulnerable individuals throughout the 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.

SCH staff of Executive Director (since 1991), Housing Director (since 2014), Property Manager (since 2012), Admin Assistant (since 2011), Internal Auditor (since 2001), and fully staffed Housing Advocates and Specialist (varying start dates) oversee and serve 800+ previously homeless and at-risk households within its 8 housing programs. SCH has utilized Quick Books since 1995 and Exact-GPS since 2013 to manage client data and income/expenses reflecting costs according to categories. Staff record their time according to time spent within assigned program(s) daily and payroll is processed monthly recording staff time within the program(s) as reflected on each time card. SCH operates in

accordance with the best practices utilizing segregation of duties, written policies & procedures, and conducting internal audits to ensure contract compliance. SCH management is responsible for encouraging the highest level of integrity and ethical behavior and exhibiting leadership promoting internal control and accountability, high ethics, and non-discrimination in employment and client services. SCH is a mentoring agency sharing 35 years of knowledge and experience with one another and other agencies throughout Pierce County and the nation. SCH maintain an openness to increasing our understanding and skills through contracts with experts in the various fields of work (such as: CPA, Mental Health, SSA, etc.)

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:	WA-503 - Tacoma, Lakewood/Pierce County CoC
1b. CoC Collaborative Applicant Name:	Pierce County
2. Project Name:	Discover Independence- Expansion
3. Project Status:	Standard
4. Component Type:	PH
4a. Will the PH project provide PSH or RRH?	PSH
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).	No
7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?	X
8. Does this project include Replacement Reserves?	No

3B. Project Description

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

DI- Expansion project is designed to serve Pierce County;s most vulnerable chronically homeless disabled households following the Housing First model. THese households frequently have multiple barriers to obtain housing, including criminal history, poor financial history, insufficient funds, and inability to process paperwork. SCH maintains master leases at scattered sites in the community and subleases to participants. Housing Advocates utilize Housing First principles to create client-centered housing stability plans and budgets. These tools assist households in identifying resources and services they are interested in receiving to maintain housing stability. Housing Advocates work with households to connect to community resources and benefits they are eligible to receive. Housing Advocates engage a network of community partners and local resources to meet the unique needs of each households. Projected outcomes include increasing the number of available Permanent Supportive Housing in Pierce County, housing stability, increased client income, and reduced dependence upon hospital emergency rooms for medical needs.

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

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

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?	1			
Participant enrollment in project begins?	60			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60	120	180	
Leased or rental assistance units or structure, and supportive services near 100% capacity?				270
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	X	**Domestic Violence**	
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	X

Other: Individuals

5. Housing First

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

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

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

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	X

Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

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

N/A

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

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

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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

10. Indicate whether the project is "100% Dedicated," or "DedicatedPLUS," according to the information provided above.	100% Dedicated

3C. Project Expansion Information

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

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

1a. Eligible Renewal Grant PIN Number: WA0355

1b. Eligible Renewal Grant Project Name: Discover Independence

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

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

Current level of effort	
# of persons served at a point-in-time	28
# of units	28
# of beds	30
New effort	
# of additional persons served at a point in time that this project will provide	14
# of additional units this project will provide	12
# of additional beds this project will provide	14

3. Will this Expansion Project bring additional supportive services to homeless persons? Yes

3a. Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."

Increase number of and/or expand variety of supportive services provided	☐
Increase frequency and/or intensity of supportive services	☐

4. Will this expansion project bring existing facilities up to government health and safety standards? No

4A. Supportive Services for Participants

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

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

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

SCH maintains master leases in scattered-site units throughout the community and subleased to participants. All master-leased units must meet our standards of reasonableness as outlined in our rent reasonableness p & p. SCH works collaboratively with property managers and landlords to provide education of the Housing First model, review the goals of our PSH project, and ensure we are made aware of vacancies they may have. During intake process, Housing Advocates work with program participants to identify barriers to housing and develop solutions to address these barriers during program enrollment. SCH provides program participants the option to choose available units throughout the community. If we do not have a unit that meets a program participant's unique needs, we attempt to work within our budget and resources to identify alternative solutions. Examples of obtaining units which fits participants specific needs are: locating units on ground floor, transportation availability, etc.

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

Housing Advocates utilize housing stability plans, an annual assessment of supportive services, and an annual income certification to review each household's current income, connection to mainstream resources, healthcare benefits, and other financial resources. Each participant's plan is unique and therefore requires Housing Advocates to have a vast array of resources and be open to locating new resources which fit the specific participant. If a household has no income and/or is not receiving mainstream benefits, Housing Advocates

review what financial benefits may be available to them. SCH has SOAR certified staff to assist participants with obtaining Social Security benefits. Each household may voluntarily engage in employment services and/or apply for local, state, or federal benefits which they may be eligible to receive. Housing Advocates assist households in navigating these resources and completing necessary steps to obtain benefits and/or access services. Housing Advocates partner with the local Mental Health providers; Greater Lakes, Comprehensive, and Good Samaritan as well as local hospitals and physicians to assist participants in receiving quality medical care and obtaining primary care physicians instead of relying on hospital emergency rooms for their medical and mental health needs. Participants with employment goals are assisted in connecting with local employment services as well as obtaining clothing which fits their job opportunities. When applicable, Housing Advocates assist participants in attending higher education at local community college.

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		Partner	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Monthly
Child Care		Non-Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Applicant	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Partner	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	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 benefits are received and renewed?	Yes
6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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

Total Units: 12

Total Beds: 14

Total Dedicated CH Beds: 14

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

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.

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: 702 23rd Ave SE

Street 2:

City: Puyallup

State: Washington

ZIP Code: 98371

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

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

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	2	10	0	12

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	10		12
Persons ages 18-24	0	2		2
Accompanied Children under age 18	2		0	2
Unaccompanied Children under age 18			0	0
Total Persons	4	12	0	16

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	2					1	1	1		
Persons ages 18-24										
Children under age 18	2									
Total Persons	4	0	0	0	0	1	1	1	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	7	1		6	1	5	2	3	1	
Persons ages 18-24	2									
Total Persons	9	1	0	6	1	5	2	3	1	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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021?	Yes
2. What type of CoC funding is this project applying for in the 2019 CoC Competition?	Reallocation + CoC Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year

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

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6. If awarded, will this project require an initial grant term greater than 12 months?	No

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	$133,200
Grant Term:	1 Year
Total Request for Grant Term:	$133,200
Total Units:	12

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
WA - Tacoma, WA H...	12	$133,200	$133,200

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

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

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen “6A. Funding Request.”

Total Request: This column populates with the total calculated amount from each row.

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

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

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

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

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

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	$580		x	12	=	$0
0 Bedroom		x	$773		x	12	=	$0
1 Bedroom	10	x	$881	$881	x	12	=	$105,720
2 Bedroom	2	x	$1,145	$1,145	x	12	=	$27,480
3 Bedroom		x	$1,666		x	12	=	$0
4 Bedroom		x	$2,017		x	12	=	$0
5 Bedroom		x	$2,320		x	12	=	$0
6 Bedroom		x	$2,622		x	12	=	$0
7 Bedroom		x	$2,925		x	12	=	$0
8 Bedroom		x	$3,227		x	12	=	$0
9 Bedroom		x	$3,530		x	12	=	$0
Total units and annual assistance requested:	12							$133,200
Grant term:								1 Year
Total request for grant term:								$133,200

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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	Approximately $250 per 10 households needing assistance with movinq costs.	$2,500
3. Case Management	Delivery of supportive services to 12 households utilizinq .75 FTE Case Mqmt Salary + Benefits	$39,500
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Approximately $200 per household, anticipating 12 households need food assistance at move-in	$2,400
8. Housing/Counseling Services	Approximately $50 in application fees per household, anticipate 12 households need assistance.	$600
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Average monthly vehicle/ mileage/ gas usage is $100 x 12 months. None	$1,200
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$46,200
Grant Term		1 Year
Total Request for Grant Term		$46,200

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance	Renter 's Insurance required within lease @ $50 each annually	$600
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Average tenant utility costs are $104 per household x 12 months.	$15,000
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$15,600
Grant Term		1 Year
Total Request for Grant Term		$15,600

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$20,325
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$20,325

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

1a. Briefly describe the source of the program income: (limit 1000 characters)

program income

1b. Estimate the amount of program income that will be used as Match for this project: $20,325

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Program Income	08/01/2019	$20,325

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: (Be as specific as possible and include the office or grant program as applicable)	Program Income
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$20,325

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	$133,200	1 Year	$133,200
2b. Leased Structures	$0	1 Year	$0
3. Rental Assistance	$0	1 Year	$0
4. Supportive Services	$46,200	1 Year	$46,200
5. Operating	$15,600	1 Year	$15,600
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$195,000
8. Admin (Up to 10%)			$19,500
9. Total Assistance Plus Admin Requested			$214,500
10. Cash Match			$20,325
11. In-Kind Match			$0
12. Total Match			$20,325
13. Total Budget			$234,825

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Match Letter	09/23/2019
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

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: Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/17/2019
1E. SF-424 Compliance	08/07/2019
1F. SF-424 Declaration	08/07/2019
1G. HUD 2880	08/07/2019
1H. HUD 50070	08/07/2019
1I. Cert. Lobbying	08/07/2019
1J. SF-LLL	09/17/2019
2A. Subrecipients	09/17/2019
2B. Experience	08/07/2019
3A. Project Detail	09/18/2019
3B. Description	09/24/2019
3C. Expansion	08/07/2019
4A. Services	09/17/2019
4B. Housing Type	08/07/2019
5A. Households	09/17/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/17/2019
6C. Leased Units	09/24/2019
6F. Supp Srvcs Budget	09/17/2019
6G. Operating	09/17/2019
6I. Match	09/24/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/23/2019
7D. Certification	09/18/2019

Share & Care House

Puyallup Office
P.O. Box 800
702 23rd Ave SE
Puyallup, WA 98371
(253) 841-8886
Fax#: (253) 840-3401

Seattle Office
11460 1st Ave South
Seattle, WA 98168
(206) 764-4849
Fax#: (206) 767-3529

Guardian/Tacoma Office
3418 McKinley Ave
Tacoma, WA 98404
(253) 564-4194
Fax#: (253) 564-4237

Tigard Office
P.O. Box 230849
13855 Pacific Hwy
Tigard, OR 97281
(503) 684-8882
Fax#: (503) 684-8880

August 6, 2019

Jeff Rodgers
Pierce County Human Services
1305 Tacoma Avenue South, Suite 104
Tacoma, WA 98402

RE: FY December 1, 2020 – November 30, 2021 HUD Project – Discover Independence - Expansion

Dear Mr. Rodgers,

Share & Care House (SCH) has committed $14,000 for Discover Independence – Expansion during December 1, 2020 – November 30, 2021. These committed funds are generated by program income and DRF and not statutorily prohibited to be used as a match.

The only condition for this match is the approval of the HUD grant requested for this time period. Please let me know if you have any questions.

Sincerely,

Charlene Hamblen, CPG
Share & Care House, Executive Director
(253) 840-3402 ext. 771
charleneh@shareandcarehouse.com

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0355
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

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

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Discover Independence
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-010
17. Proposed Project	
a. Start Date:	12/01/2020
b. End Date:	11/30/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$324,872.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Discover Independence 1305 Tacoma Avenue South Tacoma Washington

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

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

Date Signed: 09/17/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

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

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$296,372.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

Information About Submission without Changes

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

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

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

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

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

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

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

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

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

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.	Yes
2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application?	Stand-Alone Renewal Expansion
2a. Input the name and grant number of the combined renewal expansion	
Combined Renewal Expansion Project Name:	Discover Independence
combined Renewal Expansion PIN Number:	WA0355

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: $324,872

Organization	Type	Type	Sub-Award Amount
Share & Care House	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$324,872

2A. Project Subrecipients Detail

a. Organization Name: Share & Care House

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

c. Employer or Tax Identification Number: 91-1741654

	*** d. Organizational DUNS:**	180404402	**PLUS 4**	

e. Physical Address

Street 1: 702 23rd Ave SE

Street 2: PO Box 800, 98371

City: Puyallup

State: Washington

Zip Code: 98372

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-010

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: $324,872

j. Contact Person

Prefix: Ms.

First Name: Charlene

Middle Name: D

Last Name: Hamblen

Suffix:	
Title:	Executive Director
E-mail Address:	CharleneH@shareandcarehouse.com
Confirm E-mail Address:	CharleneH@shareandcarehouse.com
Phone Number:	253-840-3402
Extension:	771
Fax Number:	253-840-3401

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:	WA0355

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

2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	Discover Independence
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Does this project include Replacement Reserves?	No

3B. Project Description

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

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

Discover Independence will be a permanent supportive housing program utilizing scattered-site leased units in Pierce County for Chronically Homeless Disabled participants with high barriers to housing and extremely low income. SCH maintains master leases with landlords and subleases to program participants. Program participants have very low or extremely low income based on HUD AMI limits and will contribute 30% of their income for rent. Tailoring case management for each participant's needs, SCH Housing Specialists are advocates for twenty-eight (28) households including veterans and families; assisting in maintaining permanent stable housing, accessing and obtaining all public assistance benefits available, increasing their income, and developing job and life skills. Committed community service providers include: St. Francis House for furnishings and household goods, WorkSource, Workforce, LEAP, and Goodwill for employment readiness, DSHS, VA, and SSA for benefit resources, Greater Lakes PATH program, Good Sam Behavioral Health, and Comprehensive Life Resources for mental health counseling; MDC for chemical dependencies and housing options, All Saints and local Food Banks to subsidize grocery needs, and local churches and agency volunteers for additional tailored needs.

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

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

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

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

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

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

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

4A. Supportive Services for Participants

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

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Weekly
Child Care		Partner	Monthly
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Subrecipient	Monthly
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		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? No

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: 28

Total Beds: 30

Total Dedicated CH Beds: 30

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	28	30

4B. Housing Type and Location Detail

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

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

a. Units: 28

b. Beds: 30

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 30

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

4. Address:

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

Street 1:

Street 2:

City:

State:

ZIP Code:

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

539053 Pierce 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	26	0	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	1	24		25
Persons ages 18-24	1	2		3
Accompanied Children under age 18	2			2
Unaccompanied Children under age 18				0
Total Persons	4	26	0	30

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	1			0		1	1	0		
Persons ages 18-24	1					1	0			
Children under age 18	2									
Total Persons	4	0	0	0	0	2	1	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	24			10		20		4		
Persons ages 18-24	2					2				
Total Persons	26	0	0	10	0	22	0	4	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

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

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:	$292,116
Grant Term:	1 Year
Total Request for Grant Term:	$292,116
Total Units:	28

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
WA - Tacoma, WA H...	28	$292,116	$292,116

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: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	26	
2 Bedroom	2	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	28	$292,116
Grant Term		1 Year
Total Request for Grant Term		$292,116

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:	$97,301
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$97,301

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

1a. Briefly describe the source of the program income:

client rental contribution

1b. Estimate the amount of program income that will be used as Match for this project: $41,844

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Program Income	08/06/2019	$41,844
Yes	Cash	Government	Document Recordin...	08/06/2019	$55,457

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Program Income
5. Date of Written Commitment:	08/06/2019
6. Value of Written Commitment:	$41,844

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: (Be as specific as possible and include the office or grant program as applicable)	Document Recording Fee Funding
5. Date of Written Commitment:	08/06/2019
6. Value of Written Commitment:	$55,457

6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$292,116
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$2,800
4. Operating	$1,456
5. HMIS	$0
6. Sub-total Costs Requested	$296,372
7. Admin (Up to 10%)	$28,500
8. Total Assistance plus Admin Requested	$324,872
9. Cash Match	$97,301
10. In-Kind Match	$0
11. Total Match	$97,301
12. Total Budget	$422,173

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	SCH IRS Designation	09/02/2016
2) Other Attachmenbt	No	Match Letter	09/18/2019
3) Other Attachment	No		

Attachment Details

Document Description: SCH IRS Designation

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Submit without changes

The applicant has selected "Submit without changes" to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select "Make changes" above and update the relevant project information.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/17/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/17/2019

1E. SF-424 Compliance	09/17/2019
1F. SF-424 Declaration	09/17/2019
1G. HUD-2880	09/17/2019
1H. HUD-50070	09/17/2019
1I. Cert. Lobbying	09/17/2019
1J. SF-LLL	09/17/2019
Recipient Performance	09/17/2019
Renewal Expansion	09/24/2019
2A. Subrecipients	09/17/2019
3A. Project Detail	09/17/2019
3B. Description	09/17/2019
3C. Dedicated Plus	09/17/2019
4A. Services	09/17/2019
4B. Housing Type	09/17/2019
5A. Households	09/17/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/17/2019
6B. Leased Units	09/17/2019
6D. Match	09/17/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/17/2019
7B. Certification	09/17/2019
Submission Without Changes	09/17/2019

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

DEPARTMENT OF THE TREASURY

Date: AUG 1 5 2000

SHARE AND CARE HOUSE
PO BOX 800 121 6TH AVE SW
PUYALLUP, WA 98371

Employer Identification Number:
91-1741654
DLN:
17053110016010
Contact Person:
LAURIE FORTUNE
ID# 95002
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Addendum Applies:
No

Dear Applicant:

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

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

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

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

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)(2) 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)(2) organization.

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 Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors 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. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, 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 a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding $1,000,000 in any year, the penalty is $100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding $1,000,000 shall not exceed $50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

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

SHARE AND CARE HOUSE

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

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

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

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

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

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

Sincerely yours,

Steven T. Miller by LLP

Steven T. Miller
Director, Exempt Organizations

Share & Care House

Puyallup Office
P.O. Box 800
702 23rd Ave SE
Puyallup, WA 98371
(253) 841-8886
Fax#: (253) 840-3401

Seattle Office
11460 1st Ave South
Seattle, WA 98168
(206) 764-4849
Fax#: (206) 767-3529

Guardian/Tacoma Office
3418 McKinley Ave
Tacoma, WA 98404
(253) 564-4194
Fax#: (253) 564-4237

Tigard Office
P.O. Box 230849
13855 Pacific Hwy
Tigard, OR 97281
(503) 684-8882
Fax#: (503) 684-8880

August 6, 2019

Jeff Rodgers
Pierce County Human Services
1305 Tacoma Avenue South, Suite 104
Tacoma, WA 98402

RE: FY December 1, 2020 – November 30, 2021 HUD Project – Discover Independence

Dear Mr. Rodgers,

Share & Care House (SCH) has committed $97,301 for Discover Independence during December 1, 2020 – November 30, 2021. These committed funds are generated by program income and DRF and not statutorily prohibited to be used as a match.

The only condition for this match is the approval of the HUD grant requested for this time period. Please let me know if you have any questions.

Sincerely,

Charlene Hamblen, CPG
Share & Care House, Executive Director
(253) 840-3402 ext. 771
charleneh@shareandcarehouse.com

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/26/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0153
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

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

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Pierce County HMIS Project
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-010, WA-006
17. Proposed Project	
a. Start Date:	05/01/2020
b. End Date:	04/30/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$63,261.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Pierce County HMIS Project 1305 Tacoma Avenue South Tacoma Washington

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

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

Date Signed: 09/16/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

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

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$57,529.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Gordon Thomas Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Gordon Thomas Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

Information About Submission without Changes

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

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

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

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

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

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

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

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

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

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

Renewal Grant Consolidation Screen

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

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

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0153

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

2a. CoC Number and Name: WA-503 - Tacoma, Lakewood/Pierce County CoC

2b. CoC Collaborative Applicant Name: Pierce County

3. Project Name: Pierce County HMIS Project

4. Project Status: Standard

5. Component Type: HMIS

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

3B. Project Description

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

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

The HMIS Project is the continuum-wide homeless management information system used to collect and manage data on homeless individuals and families. The software product used is Mediware/Bowman Systems ServicePoint. The system was implemented in early 2004 and there have been over 40,000 records including adults and children entered into the database. There are currently over 170 staff from over 30 housing and service providers that have been trained in and actively use the system. As the HMIS lead, we have 1.5 FTE dedicated staff providing technical assistance, trainings, data uploads, system maintenance with minimal support from one other HMIS trained staff. Trainings are offered on a monthly basis and includes basic end user training in ServicePoint as well as more specialized training for agency administrators. We utilize ClientPoint and ShelterPoint components of the software product. Utilizing the ClientPoint component provides the universal and program data elements, we are required to collect according to the HUD Data Standards. ShelterPoint component provides data on bed utilization. We have the ability to run the required HUD reports on a quarterly and annual basis.
In 2016, the Coordinated Entry System was revamped and now fully utilizes HMIS for prioritizing households for referrals, and to track daily unit vacancies within the system. This is in addition to the use of HMIS by housing providers to track participants and capture data. HMIS is also used for Coordinated Entry PATH outreach teams in the field, and Diversion conversations are being captured in HMIS and are offered to all clients. The next steps include training all shelters to be Coordinated Entry stations, so clients are seen where they are and where they are most comfortable. Also will decrease the time between first contact and being screened for housing services.

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

4A. HMIS Standards

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

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

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

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

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

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?	Yes
5. Does your HMIS implementation have a staff person responsible for insuring the	Yes

implementation meets all privacy and security standards as required by HUD and the federal partners?	
6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?	Yes
7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?	Yes
8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)	Yes
a. How long does it take to remove access rights to former HMIS users?	Within 24 hours

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	X

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$15,815
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$15,815

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	Private	Pierce County Loc...	09/05/2018	$15,815

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Pierce County Local Document Recording Fee Match
5. Date of Written Commitment:	09/05/2018
6. Value of Written Commitment:	$15,815

6E. Summary Budget

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

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	$57,529
6. Sub-total Costs Requested	$57,529
7. Admin (Up to 10%)	$5,732
8. Total Assistance plus Admin Requested	$63,261
9. Cash Match	$15,815
10. In-Kind Match	$0
11. Total Match	$15,815
12. Total Budget	$79,076

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Match Letter	09/26/2019
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Bruce Dammeier

Date: 09/26/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

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

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	☐
Part 4 - Housing Services and HMIS	
4A. HMIS Standards	☐
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

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):

updating summary budget based on hud approved changes

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	09/16/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/16/2019
1E. SF-424 Compliance	09/16/2019
1F. SF-424 Declaration	09/16/2019
1G. HUD-2880	09/16/2019

1H. HUD-50070	09/16/2019
1I. Cert. Lobbying	09/16/2019
1J. SF-LLL	09/16/2019
Recipient Performance	09/16/2019
Renewal Expansion	09/16/2019
Renewal Grant Consolidation	09/16/2019
2A. Subrecipients	No Input Required
3A. Project Detail	09/16/2019
3B. Description	09/16/2019
4A. HMIS Standards	09/16/2019
6A. Funding Request	09/16/2019
6D. Match	09/16/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/16/2019
7B. Certification	09/16/2019
Submission Without Changes	09/16/2019

Pierce County

Department of Human Services
1305 Tacoma Avenue S., Suite 104
Tacoma, Washington 98402
(253) 798-4500 • FAX (253) 798-2818

September 25, 2019

John W. Peters, Director
U.S. Department of Housing and Urban Development
Washington State Office
Seattle Federal Building
Office of Community Planning and Development
909 First Avenue, Suite 300
Seattle, WA 98104-1000

Dear Mr. Peters,

This letter is to confirm the match commitment for the Tacoma/Lakewood/Pierce County Continuum of Care (CoC) Homeless Management Information System (HMIS) Project. Pierce County will provide $15,815.00 in cash match. The match source will be Washington State Consolidated Homeless Grant funding, which meet the requirements of 24 CFR Part 578.73. The funds will be available for the grant period 5/1/20 through 4/30/21.

If you have any questions, contact Jeff Rodgers, Supervisor, Homeless Programs, by email at jeff.rodgers@piercecountywa.gov or by phone at 253-798-6908.

Sincerely,

Heather Moss
Director

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0146
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

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

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Housing First
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-006
17. Proposed Project	
a. Start Date:	09/01/2020
b. End Date:	08/31/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$528,535.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Housing First 1305 Tacoma Avenue South Tacoma Washington

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

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

Date Signed: 09/12/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

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

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$480,668.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Gordon Thomas Honeywell
1201 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Gordon Thomas Honeywell
1201 Pacific Ave #2100
Tacoma WA 98402

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

Information About Submission without Changes

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

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

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

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

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

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $528,535

Organization	Type	Type	Sub-Award Amount
Metropolitan Development Council	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$233,975
Share & Care House	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$294,560

2A. Project Subrecipients Detail

a. Organization Name: Metropolitan Development Council

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-0780533

	*** d. Organizational DUNS:**	076665389	**PLUS 4**	

e. Physical Address

Street 1: 721 South Fawcett

Street 2: Suite 201

City: Tacoma

State: Washington

Zip Code: 98402

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-006

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: $233,975

j. Contact Person

Prefix: Ms.

First Name: Tonia

Middle Name:

Last Name: Hess

Suffix:
Title: Director Care Management
E-mail Address: thess@mdc-hope.org
Confirm E-mail Address: thess@mdc-hope.org
Phone Number: 253-318-1861
Extension:
Fax Number: 253-302-5525

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Share & Care House

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1741654

	*** d. Organizational DUNS:**	180404402	**PLUS 4**	

e. Physical Address
Street 1: 702 23rd Ave SE
Street 2: PO Box 800, 98371
City: Puyallup
State: Washington
Zip Code: 98372

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-010

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:	$294,560

j. Contact Person

Prefix:	Ms.
First Name:	Charlene
Middle Name:	D
Last Name:	Hamblin
Suffix:	
Title:	Executive Director
E-mail Address:	CharleneH@shareandcarehouse.com
Confirm E-mail Address:	CharleneH@shareandcarehouse.com
Phone Number:	253-840-3402
Extension:	771
Fax Number:	253-840-3401

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:	WA0146

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	Housing First
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Does this project include Replacement Reserves?	No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

Housing First project increased from 42 permanent housing units to 48 late in 2016/2017 FY. The target population is chronically homeless adults and disabilities. The program utilized the housing first concept, providing housing to individuals with minimal restrictions and requirements. Additional supportive services are provided, as needed, to assist participants obtain community resources and maintain stable housing. Individuals with disabilities frequently have several barriers to obtaining housing, including: criminal housing, poor financial history, insufficient funds, inability to process leases and paperwork, and inability to follow through when obstacles presents themselves. Having safe, permanent housing with supportive services as needed, allows the tenant to concentrate on goals which address their disability and working towards recover and independence.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Monthly
Child Care		Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		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: 48

Total Beds: 49

Total Dedicated CH Beds: 49

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	48	49

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: 48

b. Beds: 49

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 49

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)

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

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	1	47	0	48

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	47		48
Persons ages 18-24	0	0		0
Accompanied Children under age 18	1		0	1
Unaccompanied Children under age 18			0	0
Total Persons	2	47	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	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	1	0	0	0	0	0	0	0	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	0			0	0	0	0	0	0	1
Total Persons	1	0	0	0	0	0	0	0	0	1

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	41	6	0	0	0	0	0	0	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	41	6	0	0	0	0	0	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:

all clients will be chronically homeless

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	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6B. Leased Units Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	$367,805
Grant Term:	1 Year
Total Request for Grant Term:	$367,805
Total Units:	48

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
WA - Tacoma, WA H...	48	$367,805	$367,805

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: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	47	
2 Bedroom	1	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	48	$367,805
Grant Term		1 Year
Total Request for Grant Term		$367,805

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:	$86,545
Total Value of In-Kind Commitments:	$5,000
Total Value of All Commitments:	$91,545

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

rental contributions SCH- 45100 MDC 26000

1b. Estimate the amount of program income that will be used as Match for this project: $66,000

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.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	SCH Program Income	08/01/2019	$45,000
Yes	Cash	Private	MDC Program Income	08/01/2019	$21,000
Yes	Cash	Government	Document Recordin...	08/01/2019	$20,545
Yes	In-Kind	Private	MDC In-Kind	08/01/2019	$5,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	SCH Program Income
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$45,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	MDC Program Income
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$21,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the	Document Recording Fee Funding

office or grant program as applicable)

5. Date of Written Commitment: 08/01/2019

6. Value of Written Commitment: $20,545

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) MDC In-Kind

5. Date of Written Commitment: 08/01/2019

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.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$367,805
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$89,895
4. Operating	$22,968
5. HMIS	$0
6. Sub-total Costs Requested	$480,668
7. Admin (Up to 10%)	$47,867
8. Total Assistance plus Admin Requested	$528,535
9. Cash Match	$86,545
10. In-Kind Match	$5,000
11. Total Match	$91,545
12. Total Budget	$620,080

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	SCH MDC IRS Desig...	09/15/2017
2) Other Attachmenbt	No	MDC Match Letter ...	09/16/2019
3) Other Attachment	No	SCH HF Match letter	09/16/2019

Attachment Details

Document Description: SCH MDC IRS Designation

Attachment Details

Document Description: MDC Match Letter for program income and in-kind donation

Attachment Details

Document Description: SCH HF Match letter

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 Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
Part 6 - Budget Information	
6A. Funding Request	X
6B. Leased Units	☐
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

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):

updating summary budget based on HUD approved changes. updating approved indirect cost rate

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	09/12/2019
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/16/2019
1E. SF-424 Compliance	09/12/2019
1F. SF-424 Declaration	09/12/2019
1G. HUD-2880	09/12/2019
1H. HUD-50070	09/12/2019
1I. Cert. Lobbying	09/12/2019
1J. SF-LLL	09/12/2019
Recipient Performance	09/12/2019
Renewal Expansion	09/12/2019
Renewal Grant Consolidation	09/12/2019
2A. Subrecipients	09/12/2019
3A. Project Detail	09/16/2019
3B. Description	09/12/2019
3C. Dedicated Plus	09/12/2019
4A. Services	09/12/2019
4B. Housing Type	09/12/2019
5A. Households	09/12/2019
5B. Subpopulations	09/12/2019
6A. Funding Request	09/20/2019
6B. Leased Units	09/12/2019
6D. Match	09/16/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/16/2019
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/16/2019
Submission Without Changes	09/20/2019

Internal Revenue Service

Department of the Treasury
P.O. Box 2508
Cincinnati, OH 45201

MDC RECEIVED JUL 10 2001

Date: July 5, 2001

Metropolitan Development Council
622 Tacoma Ave S Ste 6
Tacoma, WA 98402-2324

Person to Contact:
Kendall Hilson 31-07340
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
91-0780533

Dear Sir:

This letter is in response to your telephone call July 5, requesting a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in June 1965 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b))(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Metropolitan Development Council
91-0780533

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts

John E. Ricketts, Director, TE/GE
Customer Account Services

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: AUG 15 2000

SHARE AND CARE HOUSE
PO BOX 800 121 6TH AVE SW
PUYALLUP, WA 98371

Employer Identification Number:
91-1741654
DLN:
17053110016010
Contact Person:
LAURIE FORTUNE
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Addendum Applies:
No

ID# 95002

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

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)(2) 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)(2) organization.

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 Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors 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. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, 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 a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding $1,000,000 in any year, the penalty is $100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding $1,000,000 shall not exceed $50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

SHARE AND CARE HOUSE

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Steven T. Miller by LLP

Steven T. Miller
Director, Exempt Organizations

mdc
metropolitan development council

945 South Fawcett Avenue
Tacoma, WA 98402
www.mdc-hope.org

August 7, 2019

Jeff Rodgers
Pierce County Housing Programs
1305 Tacoma Avenue South Suite 104
Tacoma, WA 98402

Dear Mr. Rodgers:

MDC will provide $26,000 in match for MDC's HUD COC Housing First Project. The total is $26,000 which is MDC portion of the 25% of requested funds from HUD COC. A portion of funds will be covered through in-kind donation. MDC will provide $5,000 in in-kind as part of funds. These fund will be used to provide Services, Operating and Administrative services requested from HUD COC conditioned upon HUD approval of grant. This match will be available September 1, 2020 through August 31, 2021.

If you have any questions, please don't hesitate to call Tonia Hess 253-318-1861.

Sincerely,

Tonia Hess

Tonia Hess
Director, Care Management

Continuum of Care (COC) Program
19-002-HOMELESS-CoC
RENEWAL Project Application
Share and Care House (SCH) and Metropolitan Development Council (MDC) - Housing First
Pierce County Human Services

Share & Care House

Puyallup Office
P.O. Box 800
702 23rd Ave SE
Puyallup, WA 98371
(253) 841-8886
Fax#: (253) 840-3401

Seattle Office
11460 1st Ave South
Seattle, WA 98168
(206) 764-4849
Fax#: (206) 767-3529

Guardian/Tacoma Office
3418 McKinley Ave
Tacoma, WA 98404
(253) 564-4194
Fax#: (253) 564-4237

Tigard Office
P.O. Box 230849
13855 Pacific Hwy
Tigard, OR 97281
(503) 684-8882
Fax#: (503) 684-8880

August 12, 2019

Jeff Rodgers
Pierce County Human Services
1305 Tacoma Avenue South, Suite 104
Tacoma, WA 98402

RE: FY September 1, 2020 – August 31, 2021 HUD Project – Housing First

Dear Mr. Rodgers,

Share & Care House (SCH) has committed $65,545 for Housing First during September 1, 2020 – August 31, 2021. These committed funds are generated by program income and DRF and not statutorily prohibited to be used as a match.

The only condition for this match is the approval of the HUD grant requested for this time period. Please let me know if you have any questions.

Sincerely,

Charlene Hamblen, CPG
Share & Care House, Executive Director
(253) 840-3402 ext. 771
charleneh@shareandcarehouse.com

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0232
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Independence Housing Opportunity
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-010
17. Proposed Project	
a. Start Date:	06/01/2020
b. End Date:	05/31/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$36,321.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Independence Housing Opportunity 1305 Tacoma Avenue South Tacoma Washington

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/16/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$33,024.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1201 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1201 Pacific Ave #2100
Tacoma WA 98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $36,321

Organization	Type	Type	Sub-Award Amount
Share and Care House	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$36,321

2A. Project Subrecipients Detail

a. Organization Name: Share and Care House

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1741654

	*** d. Organizational DUNS:**	180404402	**PLUS 4**	

e. Physical Address

Street 1: 702 23rd Ave SE

Street 2:

City: Puyallup

State: Washington

Zip Code: 98372

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-010

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: $36,321

j. Contact Person

Prefix: Ms.

First Name: Charlene

Middle Name:

Last Name: Hamblen

Suffix:	
Title:	Executive Director
E-mail Address:	charleneh@shareandcarehouse.com
Confirm E-mail Address:	charleneh@shareandcarehouse.com
Phone Number:	253-840-3402
Extension:	
Fax Number:	253-840-3401

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:	WA0232

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	Independence Housing Opportunity
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Does this project include Replacement Reserves?	Yes

Your project has a replacement reserve amount in the budget. In order to move to grant agreement, the repayment schedule, the total amount to be placed in reserve over the grant term and the scheduled payment amount, and the system or systems to be replaced and the useful life/lives of the system(s) must be attached in esnaps, and must be approved by HUD.

FAQ: Scheduled payments to a reserve fund for the repair of major building systems are an eligible cost for recipients of transitional or permanent supportive housing projects where the recipient or subrecipient owns or operates the building(s). The repayment schedule, the total amount to be placed in reserve over the grant term and the scheduled payment amount, the system or systems to be replaced and the useful life/lives of the system(s) must be included as an attachment, submitted as part of your project application and must be approved by HUD. The HUD-approved amount is the limit on how much of your grant

funds can be put in reserve. The total amount to be deposited in the reserve and the scheduled payments must be based on the remaining useful life of the system the recipient that will be replaced and the expected replacement cost of that system, reduced by the interest income expected to be earned on the reserve account before the end of the useful life of the system (taking into account expected future deposits and cash disbursements).

Recipients must draw down these funds from LOCCS in accordance with the HUD-approved repayment schedule included in the application. Payments must be scheduled no less frequently than quarterly, as required by 24 CFR 578.85(c)(3). A recipient must maintain separate accounting records for the reserve (e.g., an accounting "fund") that will segregate the accounting for deposit of grant funds and expenditure of amounts held in the reserve for replacement of the asset). When the major system for which the reserve was created must be replaced (e.g., the HVAC system), the recipient may use funds in the reserve account to pay for the replacement without prior approval from HUD, but must maintain documentation to support the expenditure of funds and the replacement of the system.

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

Independent Housing Opportunity (IHO) is a permanent supportive housing program for ten chronically homeless and disabled individuals, including veterans within single occupancy units. Program participants contribute thirty percent of their income for rent. Share and Care House Housing Specialsits assist program participants in maintaining stable housing, accessing and obtaining all public assistance benefits available, increasing their income, and developing job skills. Community partners include Saint Francis House for furnishings and household goods, WorkSource, Workforce, and Goodwill for employment readiness, DSHS, VA, and SSA for beneift resources, Greater Lakes PATH program and Good Samaritan Behavioral Health for mental health counseling; All Saints and lcoal food banks to subsidize grocery needs, and local churches and agency volunteers for additional tailored needs.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.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 lll.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 lll.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 lll.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		Non-Partner	As needed
Food		Partner	Monthly
Housing Search and Counseling Services		Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Non-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: 10

Total Beds: 10

Total Dedicated CH Beds: 10

Housing Type	Housing Type (JOINT)	Units	Beds
Single Room Occupancy (SRO)...	---	10	10

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 10

b. Beds: 10

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 10

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1108-1122 9th Avenue NW

Street 2:

City: Puyallup

State: Washington

ZIP Code: 98371

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539053 Pierce 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	0	10	0	10

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	10		10
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	10	0	10

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	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										
Persons 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	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	8	2	0	9	0	9	2	9	1	0
Persons ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	8	2	0	9	0	9	2	9	1	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

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$41,103
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$41,103

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

rental contribution

1b. Estimate the amount of program income that will be used as Match for this project: $23,200

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	SCH Program Income	08/01/2019	$23,200
Yes	Cash	Government	cash match 2163/CHG	08/01/2019	$17,903

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	SCH Program Income
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$23,200

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: (Be as specific as possible and include the office or grant program as applicable)	cash match 2163/CHG
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$17,903

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

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	$16,485
4. Operating	$16,539
5. HMIS	$0
6. Sub-total Costs Requested	$33,024
7. Admin (Up to 10%)	$3,297
8. Total Assistance plus Admin Requested	$36,321
9. Cash Match	$41,103
10. In-Kind Match	$0
11. Total Match	$41,103
12. Total Budget	$77,424

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Designations	09/15/2017
2) Other Attachmenbt	No	Match Letter	09/16/2019
3) Other Attachment	No		

Attachment Details

Document Description: IRS Designations

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

update summary budget based on HUD approved amendments

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	09/16/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/16/2019

1E. SF-424 Compliance	09/16/2019
1F. SF-424 Declaration	09/16/2019
1G. HUD-2880	09/16/2019
1H. HUD-50070	09/16/2019
1I. Cert. Lobbying	09/16/2019
1J. SF-LLL	09/16/2019
Recipient Performance	09/16/2019
Renewal Expansion	09/16/2019
Renewal Grant Consolidation	09/16/2019
2A. Subrecipients	09/16/2019
3A. Project Detail	09/23/2019
3B. Description	09/16/2019
3C. Dedicated Plus	09/16/2019
4A. Services	09/16/2019
4B. Housing Type	09/16/2019
5A. Households	09/16/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/16/2019
6D. Match	09/16/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/16/2019
7B. Certification	09/16/2019
Submission Without Changes	09/16/2019

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: AUG 1 5 2000

SHARE AND CARE HOUSE
PO BOX 800 121 6TH AVE SW
PUYALLUP, WA 98371

Employer Identification Number:
91-1741654
DLN:
17053110016010
Contact Person:
LAURIE FORTUNE
ID# 95002
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

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)(2) 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)(2) organization.

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 Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors 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. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, 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 a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding $1,000,000 in any year, the penalty is $100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding $1,000,000 shall not exceed $50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

SHARE AND CARE HOUSE

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Steven T. Miller by LLP

Steven T. Miller
Director, Exempt Organizations

Share & Care House

Puyallup Office
P.O. Box 800
702 23rd Ave SE
Puyallup, WA 98371
(253) 841-8886
Fax#: (253) 840-3401

Seattle Office
11460 1st Ave South
Seattle, WA 98168
(206) 764-4849
Fax#: (206) 767-3529

Guardian/Tacoma Office
3418 McKinley Ave
Tacoma, WA 98404
(253) 564-4194
Fax#: (253) 564-4237

Tigard Office
P.O. Box 230849
13855 Pacific Hwy
Tigard, OR 97281
(503) 684-8882
Fax#: (503) 684-8880

August 1, 2019

Jeff Rodgers
Pierce County Human Services
1305 Tacoma Avenue South, Suite 104
Tacoma, WA 98402

RE: FY June 1, 2020 – May 31, 2021 HUD Project – Independent Housing Opportunity (IHO)

Dear Mr. Rodgers,

Share & Care House (SCH) has committed $41,103 for IHO during June 1, 20120 – May 31, 2021. These committed funds are generated by program income and DRF and not statutorily prohibited to be used as a match.

The only condition for this match is the approval of the HUD grant requested for this time period. Please let me know if you have any questions.

Sincerely,

Charlene Hamblen, CPG
Share & Care House, Executive Director
(253) 840-3402 ext. 771
charleneh@shareandcarehouse.com

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4:**	

d. Address

Street 1: 1305 Tacoma Avenue South
Street 2: Suite 104
City: Tacoma
County: Pierce
State: Washington
Country: United States
Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Jeffrey
Middle Name:
Last Name: Rodgers
Suffix:
Title: Supervisor, Homeless Programs
Organizational Affiliation: Pierce County
Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only):
(for multiple selections hold CTRL key) Washington

15. Descriptive Title of Applicant's Project: KWA DV Coordinated Entry

16. Congressional District(s):

a. Applicant: WA-009, WA-008, WA-006, WA-010

b. Project: WA-009, WA-008, WA-006, WA-010
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 11/01/2020

b. End Date: 10/31/2021

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN): 91-6001359

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $173,624.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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 (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$173,624.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from

No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $173,624

Organization	Type	Sub-Award Amount
Korean Women's Association	N. Nonprofit without 501C3 IRS Status	$173,624

2A. Project Subrecipients Detail

a. Organization Name: Korean Women's Association

b. Organization Type: N. Nonprofit without 501C3 IRS Status

If "Other" specify:

c. Employer or Tax Identification Number: 91-1066806

	*** d. Organizational DUNS:**	180238727	**PLUS 4:**	3981

e. Physical Address

Street 1: 123 E 96th St

Street 2:

City: Tacoma

State: Washington

Zip Code: 98445

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-010

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: $173,624

j. Contact Person

Prefix: Mr.

First Name: Jay

Middle Name:

Last Name:	Kang
Suffix:	
Title:	Deputy Director, Operations and Development
E-mail Address:	JKang@kwacares.org
Confirm E-mail Address:	JKang@kwacares.org
Phone Number:	253-538-8369
Extension:	
Fax Number:	

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.

The Korean Women's Association (KWA) has an annual budget over $42 million, and the organization employs over 1,200 people, while offering a wide range of services to more than 10,000 low-income people in 11 Western Washington counties. These services include a shelter for survivors of domestic violence, in home care services, senior wellness programs, three congregate meal sites, five affordable housing sites (two for low income families, one congregate home or individuals with intellectual disabilities and three for seniors), assistance with enrollment in safety net services and food benefits, immigration assistance, health screening and disease navigation.
To provide these services, KWA receives a wide variety of local, state and federal grant funding, as well as significant fee for service payments and rent payments, and is currently subject to data collection and management, outcomes reporting and fiscal compliance as required in this NOFA. In addition to these funding sources, our work is supported by a variety of local foundations, corporate partners, and individual donors.
KWA has significant experience providing shelter and other services for the population proposed under this funding request. The We Are Family (WAF) Home program is a confidential domestic violence shelter program in Tacoma, Pierce County, Washington, which provides assistance, advocacy, confidentiality and safety for survivors of domestic violence.
WAF Home staff members are trained to use motivational interviewing techniques, trauma- informed care, and advocacy-based counseling in order to promote self-sufficiency, self- esteem, and autonomous decision-making. The WAF Home program utilizes a housing-first model of service delivery, where all clients are presumed to be "housing ready" and barriers to accessing housing and services are eliminated.

The Domestic Violence Coordinated Entry (DVCE) component of the WAF Home program is an innovative combination of survivor-centered domestic violence advocacy services and Coordinated Entry assessment and case management. Currently, mainstream Pierce County CE service providers do not have specialized training or experience in the DV field, which has created limits and gaps in adequately serving the complex safety and housing needs of survivors. KWA is the only domestic violence provider agency that is also deputized in the Pierce County CE system, which fulfills an unmet service need and provides a highly valuable service to survivors experiencing homelessness. Two KWA staff members are fully trained to provide CE assessments, including WAF Home shelter residents and non-residential clients who are fleeing domestic violence. Additional staff will be trained as well, which will further expand the agency's ability to serve the community. KWA is familiar with CE policies and procedures, has built relationships with CE partner agencies, and participates in ongoing CE meetings and work groups to improve the system.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Over the past five years, KWA's overall operational budget has increased substantially as a result of its capacity to leverage Federal, State, local, and private sector funds. More specifically, KWA's annual budget has increased from $30,802,828 in 2015 to $44,242,800 in 2019. This steady increase demonstrates KWA's effective programming and impact, its ability to manage funding, and the organization's ability to leverage funding. As an example of leveraged resources, KWA has secured a two-year grant from Building Changes, which assists our participants with move-in expenses such as security deposits, first month's rent, moving vehicle rentals, and other moving expenses. Participants receiving WAFHOME Coordinated Entry services can qualify for these funds when accessing safe, stable housing. These leveraged funds enhance the impact of the Pierce County's Diversion funding and helps ensure that domestic violence clients have the support structures in place that they need to maintain permanent housing after exiting the program. The investments that has been developed between KWA, Building Changes, and Pierce County has allowed the program to greatly expand its services and demonstrate the need for additional funding to support client access to safe, stable housing. In 2018 and in prior years, the average annual funding amount received by our Pierce County-HHP contract was $50,000. Starting in July 2019, this amount has increased to $80,840 to support the program growth and expansion into the provision of Coordinated Entry services. Additionally, KWA received a two- year grant from Building Changes in December 2017, in the amount of $134,320. This funding has been extended through June 2020 to supplement KWA's DV services funding for client rental assistance, other move-in costs, and staffing costs that are not supported through the PC-HHP funding. This leveraged funding has expanded the scope of KWA's DV services, and positioned KWA to succeed in continued expansion of its DV services. In addition to these leveraged funds, KWA has also secured other vital resources for programming. For example, Metro Parks Tacoma and KWA entered into a 50-year lease for the Portland Avenue Community Center, where KWA will maintain and manage the facility for the next five decades, offering social services, job training, community health, and other services through partners like WorkSource. KWA plan to use this secured resource to leverage additional funding to support expanded services.

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.

KWA is led by Chief Executive Officer Peter Ansara, a proven leader with 25 years of experience in the nonprofit and public sector. Peter has served in a variety of executive positions including the Director of Human Services for Pierce County, Executive Director for the Tacoma Housing Authority, and Executive Director for Woodbridge Housing Authority in New Jersey.

Deputy Director, Operations and Development, Jay Kang, oversees the program development and operations as well as the Development and Communications Department for the organization. He has over 20 years of social services program experience and has served the immigrant and refugee

community for over 30 years.

Miyeoung Lee is the Director of Social Services department. She brings 25 years of social services experience and was the one who established DV shelter program for KWA. Under her direction, DV Shelter Manager Stacia Vierra operates the Rapid Rehousing program. Stacia is also the Shelter Manager of the We Are Family Home Shelter at KWA. KWA's Board of Trustees is a 17-member team comprised of women of color from throughout Pierce and South King County.

KWA's leadership team includes veterans, members of the LGBTQ community, an African American, a Latina American, 4 Asian Americans, and 2 White Americans. Our board of trustees is comprised of 94 percent of women from underrepresented communities—all women of color. Our staff members, on the other hand, are comprised of White Americans (including Russian/Slavic), Asian Americans, African Americans, Latino Americans, Pacific Americans, and Native Americans and reflects the racial and ethnic diversity of the clients we serve.

To ensure accurate book keeping compliant with all fiscal requirement of this NOFA, KWA uses a system of checks and balances to ensure that no one person has control over all aspects of any fiscal transaction. These include:
•All purchases, payroll and disbursements are authorized by a designated individual
•Receipt and deposit functions are handled separately from recording transactions and reconciling accounts.
•Ensure that the same person is not authorized to write and sign a check
•Endorsing checks for deposit only immediately on receipt
•Reconcile bank accounts and internal financial records monthly
•Reconciliation is performed by a person who does not have book keeping or check signing responsibilities or supervisory review of the reconciliation is required.
•Restrict the uses of agency credit cards and limit them to business only uses
•Provide oversite from the KWA Board to ensure accounting and record keeping compliance
•Protect and limit access to petty cash and require receipts for all petty cash transactions
•Require a written conflict of interest statement and code of ethics policy is in place and update it annually.

KWA adheres to all GAAP accounting practices and principles and participates in an annual financial audit as well as periodic program audits by our funders.

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:	WA-503 - Tacoma, Lakewood/Pierce County CoC
1b. CoC Collaborative Applicant Name:	Pierce County
2. Project Name:	KWA DV Coordinated Entry
3. Project Status:	Standard
4. Component Type:	SSO
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).	No
7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?	X

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Building on KWA's successful DV Shelter, We Are Family (WAF) Home, the Domestic Violence Coordinated Entry Project (DVCE) offers CE for women fleeing domestic violence in Pierce County. While the existing CE system in the county functions well for the general homeless population, given the unique needs of DV victims, it is imperative to offer trauma-informed services that cater to and address these needs. Working in partnership with the existing CE designated organizations, KWA's trained domestic violence staff will offer CE assessments that integrate trauma-informed best practices for domestic violence victims, including DV education, safety planning, and a range of ongoing case management services.
Through DV specialized CE assessments, DVCE fills an existing gap in the CE system, and addresses HUD's CoC NOFA's SSO-CE priority as described in the HUD NOFA on page 9. Currently, AM and CCS (the leading CE agencies in Pierce County) do not have specialization in domestic violence that positions women fleeing violence to transition out of violent circumstances and into safe, permanent housing. Leveraging KWA's domestic violence staff's thorough training in both CE and DV, this project will support the target population in several key ways.
This funding will support two staff positions: Housing Manager and CE Specialist. Both positions will conduct CE assessments (also known as "diversion conversations) with domestic violence survivors in Pierce County who are either residing in the KWA's DV Shelter, another DV shelter, or fleeing or attempting to flee intimate partner violence (IPV). Both staff positions will provide ongoing case management services to DV survivors, following their CE assessment/Diversion conversation, in order to assist them in securing safe, permanent housing. They will also assist clients in applying for housing units, housing programs, and communicating with landlords and other CE providers to ensure that clients receive referrals to appropriate housing programs they may be eligible for through the CE system.
The projected outcomes for this project include: •Increased capacity for Pierce County's CE system to provide relevant, trauma-informed, and comprehensive CE services to DV victims. •Achieve increased alignment with HEARTH goals including reducing returns to homelessness, improving earning power, and preventing homelessness by increasing housing options for DV survivors. •Build CE infrastructure (policies, procedures, and systems) and test CE efficacy with 120 DV survivors.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

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?	60			
Participant enrollment in project begins?	90			
Participants begin to occupy leased units or structure(s), and supportive services begin?	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	180			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

* 3. Please identify the project's specific population focus. (Select ALL that apply)

Chronic Homeless	☐	Domestic Violence	X
Veterans	☐	Substance Abuse	☐
Youth (under 25)	☐	Mental Illness	☐
Families	X	HIV/AIDS	☐
		Other (Click 'Save' to update)	☐

4. Please select the type of SSO project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

The WAFHOME DVCE Program will share information about its services through the following ways:
(1)Partnering with other Coordinated Entry (CE) provider agencies and shelter programs; informing community agencies about WAFHOME DVCE services and eligibility criteria in order to allow program staff to refer clients to WAFHOME (by calling the 24-hour hotline number);
(2)Providing community education through presentations and outreach events to the local community; providing updated brochures with information on how to access WAFHOME DVCE services;
(3)Coordinating with Pierce County and CE Improvement team to ensure that WAFHOME DVCE program information is included on the Pierce County CE website;
(4)Collaborating with the Crystal Judson Family Justice Center, Tacoma Community House, Rebuilding Hope, and Catherine's Place to ensure that information on accessing WAFHOME DVCE services is available through these programs so that clients with the highest barriers can access services.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

Shelter residents and non-residential clients can access WAFHOME Domestic Violence Coordinated Entry (DVCE) services in two ways:
(1)WAFHOME shelter residents will receive a Coordinated Entry (CE) assessment within 5 business days (or less) of entering shelter, provided by a CE-deputized WAFHOME staff member.
(2)Non-residential clients will first engage with a CE-deputized WAFHOME staff member (i.e., Housing Coordinator or CE Specialist) by calling the WAFHOME crisis line, where a phone screening will be completed to assess for CE eligibility. If it is determined that they are eligible (currently fleeing intimate partner violence and in need of housing assistance), the client will be scheduled for an in-person CE assessment within 5 business days or less. If they are not eligible, WAFHOME staff will refer the client the appropriate CE provider agency that is a better fit for the client's needs.
In both circumstances – After the assessment is complete, the staff member will work with the client to identify needed supportive services and will provide resources, information, and a plan for follow-up.

Clients can be referred to the WAFHOME DVCE Program through other CE provider agencies (e.g., Associated Ministries, Catholic Community Services) as well as through other shelter programs (e.g., YWCA, Family Renewal Shelter, Tacoma Rescue Mission, etc.). Clients must first be assessed for DV and it

must be determined that they are actively fleeing DV prior to being referred to WAFHOME. Once clients are referred and they contact the WAFHOME crisis line, CE-deputized staff members will ask additional phone screening questions to determine the client's eligibility.

If a client is entered into the HMIS Priority Pool, they will be able to receive referrals through the Associated Ministries referral team for programs that best fit their needs. WAFHOME staff will continue to provide supportive services to clients and help to ensure that they are contacted for referrals, as appropriate.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness?	No
4g. This Coordinated Entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to project participants for which they may be eligible?	X

3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?	No

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021?	Yes
2. What type of CoC funding is this project applying for in the 2019 CoC Competition?	DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year
*** 5. Select the costs for which funding is being requested:**	
Supportive Services	X
6. If awarded, will this project require an initial grant term greater than 12 months?	No

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	1FTE Coordinate Entry Specialist and 1FTE Manager Salary and benefits	$123,840
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Bus tickets and gas cards for clients	$12,000
16. Utility Deposits		
17. Operating Costs	Staff space, computers, telephone, leased copier, and IT support	$22,000
Total Annual Assistance Requested		$157,840
Grant Term		1 Year
Total Request for Grant Term		$157,840

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$45,000
Total Value of All Commitments:	$45,000

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	Family Justice Ce...	08/08/2019	$45,000

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: (Be as specific as possible and include the office or grant program as applicable)	Family Justice Center
5. Date of Written Commitment:	08/08/2019
6. Value of Written Commitment:	$45,000

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	$0	1 Year	$0
4. Supportive Services	$157,840	1 Year	$157,840
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$157,840
8. Admin (Up to 10%)			$15,784
9. Total Assistance Plus Admin Requested			$173,624
10. Cash Match			$0
11. In-Kind Match			$45,000
12. Total Match			$45,000
13. Total Budget			$218,624

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Match Letter	09/23/2019
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	MOU	09/23/2019

Attachment Details

Document Description: MOU

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: Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

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)	09/23/2019
1E. SF-424 Compliance	09/23/2019
1F. SF-424 Declaration	09/23/2019
1G. HUD 2880	09/23/2019
1H. HUD 50070	09/23/2019
1I. Cert. Lobbying	09/23/2019
1J. SF-LLL	09/23/2019
2A. Subrecipients	09/23/2019
2B. Experience	09/23/2019
3A. Project Detail	09/23/2019
3B. Description	09/23/2019
3C. Expansion	09/23/2019
6A. Funding Request	09/23/2019
6F. Supp Srvcs Budget	09/23/2019
6I. Match	09/23/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/23/2019
7A. In-Kind MOU Attachment	09/23/2019
7D. Certification	09/23/2019

August 12, 2019

Jeff Rodgers
Pierce County Human Services – Homeless Programs
1305 Tacoma Avenue South, Ste. 104
Tacoma, WA 98402
RE: KWA CoC MOU Agreement

Dear Mr. Rodgers:

Please consider this letter as our commitment and certification for non-CoC Program funds to be used to meet the Korean Women's Association's match for the "Pathway Home" Domestic Violence Coordinate Entry Project.

Family Justice Center (FJC) certifies that it will provide in-kind services in the amount of $45,000 as a match for the "Coordinated Entry" CoC Project. Funds will be used to provide protection order assistance, legal advocacy, child support assistance to DCS, DSHS connections, and support group for "Coordinate Entry" clients. The estimated cost of service is $90 per session at least 5 hours, serving 100 households over the period of 12 months. This match will be available November 1, 2020 through October 31, 2021.

If you have any questions, please feel free to call me at 253-798-4310.

Sincerely,

Craig Roberts, Director

Continuum of Care (CoC) Program
19-002-HOMELESS-CoC
Korean Women's Association
Domestic Violence Coordinated Entry
NEW Project Application
Pierce County Human Services

Memorandum of Understanding Between
Korean Women's Association (KWA)
And
Asian American Chemical Dependency Treatment Services (ACTS)

For
Behavioral, Mental Health and Chemical Dependency Services

This Memorandum of Understanding (MOU) establishes a referral and service partnership between Korean Women's Association (KWA) and Asian American Chemical Dependency Treatment Services (ACTS).

I. MISSION

Korean Women's Association's mission is to provide multi-cultural social services to meet basic human needs through education, socialization, advocacy and support.

ACTS mission is to educate, prevent, treat, and help people who have issues and problems in their life; substance abuse, mental health, gambling problems, domestic violence (for predator), and co-occurring program.

Together, the Parties enter into this Memorandum of Understanding to mutually promote mental health counseling and associated services for low-income, DV survivors living in Pierce County. Accordingly, KWA and ACTS, operating under this MOU agree as follows:

II. PURPOSE AND SCOPE

KWA and ACTS, are forming this collaboration to increase the amount of behavioral health, mental health, and chemical dependency assistance available for DV survivors, specifically DV clients served by KWA through its domestic violence programs. Currently, many DV clients that KWA serves face behavioral health, mental health, and chemical dependency issues that jeopardize their housing, safety, and well-being. By entering into this partnership, KWA clients will successfully navigate the behavioral health system by accessing services from ACTS.

III. RESPONSIBILITIES

Each party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out this MOU. The initial appointees of each organization are:

Peter Ansara, Chief Executive Officer, Korean Women's Association, 253-535-4202, pansara@kwacares.org

Tae Son Lee, Executive Director, Asian American Chemical Dependency Treatment Services (ACTS), 253-302-3826

Korean Women's Association
Pathway Home Renewal + Expansion

The organizations agree to the following tasks for this MOU:

Korean Women's Association will:

- Provide direct referrals for KWA clients to ACTS

ACTS will:

- Provide behavioral health, mental health services, and chemical dependency services to KWA referred clients

Initially, each organization of this MOU is responsible for its own expenses related to this MOU. There will/will not be an exchange of funds between the parties for tasks associated with this MOU. Partnering organizations may seek joint funding opportunities to offset costs.

IV. TERMS OF UNDERSTANDING

The term of this MOU is for a period of one (1) year from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed at least annually to ensure that it is fulfilling its purpose and to make any necessary revisions.

Either organization may terminate this MOU upon thirty (30) days written notice without penalties or liabilities.

Authorization

The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated in the MOU. On behalf of the organization I represent, I wish to sign this MOU and contribute to its further development.

Peter Ansara — Date 6/26/19
Chief Executive Officer
Korean Women's Association

Tae Son Lee — Date 8/16/19
Executive Director
ACTS

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0305
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Manresa Permanent Supportive Housing
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-006
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$37,429.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Manresa Permanent Supportive Housing 1305 Tacoma Avenue South Tacoma Washington

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$34,037.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Gordon Thomas Honeywell
1201 Pacific Ave Suite 2100
Tacoma WA 98401

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Gordon Thomas Honeywell
1201 Pacific Ave Suite 2100
Tacoma WA 98401

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $37,429

Organization	Type	Type	Sub-Award Amount
Pierce County Affordable Housing Association	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$37,429

2A. Project Subrecipients Detail

a. Organization Name: Pierce County Affordable Housing Association

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1585652

	*** d. Organizational DUNS:**	799006341	**PLUS 4**	

e. Physical Address

Street 1: 1323 South Yakima Ave

Street 2:

City: Tacoma

State: Washington

Zip Code: 98405

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-010

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: $37,429

j. Contact Person

Prefix: Mr.

First Name: Alan

Middle Name:

Last Name: Brown

Suffix:	
Title:	Housing Services Diretor
E-mail Address:	alanb@ccsww.org
Confirm E-mail Address:	alanb@ccsww.org
Phone Number:	253-471-5340
Extension:	2,302
Fax Number:	253-471-5343

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: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0305
2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	Manresa Permanent Supportive 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

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

The four housing units proposed in this application are owned by Pierce County Affordable Housing Association (PCAHA) and managed by Catholic Housing Services (CHS). Case management services are provided by Family Housing Network (FHN), a program of Catholic Community Services (CCS). CCS, in conjunction with Catholic Housing Services (CHS), is the largest private provider of human services and affordable housing in Washington State. CCS and CHS own or manage more than 300 affordable housing units in Pierce County. In 2014, FHN served over 400 homeless families and military veteran households in emergency shelter, transitional, permanent and permanent supportive housing, rapid re-housing, and prevention and diversion services throughout Pierce County.
The Manresa Permanent Supportive Housing project consists of four two-bedroom units located in Lakewood, WA. Families are referred to this project from either CCS-FHN's emergency shelter program or from Pierce County's centralized intake system, Access Point 4 Housing. We also screen potential participants through assertive outreach to veteran families. The target population is low-income to no-income families with children experiencing literal homelessness. At least one member of each family has a documented disability.
The primary goal of FHN is for every family we serve to attain and maintain safe, affordable permanent housing with the briefest period of homelessness possible. Manresa serves families with significant housing barriers such as poor credit history, evictions, criminal records, and mental health and chemical dependency issues. Families in this program work with their case manager to create an individualized Housing Stability Plan that helps the family identify their own goals in various life domains including housing, education, training, jobs, mental health, sobriety issues, evictions, and credit repair. The focus is on helping families retain permanent housing, establish family stability, and gain maximum independence. We partner with other support services when families identify needs such as mental health, chemical dependency, employment, education, and financial literacy. Partners include Goodwill Industries, WorkSource, the VA, HopeSparks Family Counseling, Bates Technical College, and MDC.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Bi-weekly
Child Care		Non-Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Subrecipient	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to 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: 16

Total Dedicated CH Beds: 16

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	4	16

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 4

b. Beds: 16

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 16

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 5530 Boston Avenue SW

Street 2:

City: Lakewood

State: Washington

ZIP Code: 94899

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

530795 Lakewood

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	4			4

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	4			4
Persons ages 18-24	2			2
Accompanied Children under age 18	10			10
Unaccompanied Children under age 18				0
Total Persons	16	0	0	16

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	2			0	0	0	0	2		
Persons ages 18-24	1			0	0	0	0	1		
Children under age 18	0			0	0	0	1	1		8
Total Persons	3	0	0	0	0	0	1	4	0	8

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										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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:

The project does not distinguish between disabilities.

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
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:	$9,635
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$9,635

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	City of Lakewood ...	08/14/2019	$9,635

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: (Be as specific as possible and include the office or grant program as applicable)	City of Lakewood Funding
5. Date of Written Commitment:	08/14/2019
6. Value of Written Commitment:	$9,635

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

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	$34,037
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$34,037
7. Admin (Up to 10%)	$3,392
8. Total Assistance plus Admin Requested	$37,429
9. Cash Match	$9,635
10. In-Kind Match	$0
11. Total Match	$9,635
12. Total Budget	$47,064

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Desig	11/17/2015
2) Other Attachmenbt	No	Match Letter	09/11/2019
3) Other Attachment	No		

Attachment Details

Document Description: IRS Desig

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
Part 6 - Budget Information	
6A. Funding Request	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	X
7B. Certification	X

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):

changes approved by HUD

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	09/11/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/11/2019

1E. SF-424 Compliance	09/11/2019
1F. SF-424 Declaration	09/11/2019
1G. HUD-2880	09/11/2019
1H. HUD-50070	09/11/2019
1I. Cert. Lobbying	09/11/2019
1J. SF-LLL	09/11/2019
Recipient Performance	09/11/2019
Renewal Expansion	09/11/2019
Renewal Grant Consolidation	09/11/2019
2A. Subrecipients	09/11/2019
3A. Project Detail	09/11/2019
3B. Description	09/11/2019
3C. Dedicated Plus	09/11/2019
4A. Services	09/11/2019
4B. Housing Type	09/11/2019
5A. Households	09/11/2019
5B. Subpopulations	09/11/2019
6A. Funding Request	09/11/2019
6D. Match	09/11/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/11/2019
7B. Certification	09/11/2019
Submission Without Changes	09/11/2019

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: June 4, 2002

Person to Contact:
Myrna Huber #31-07276
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20018-1194

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2002 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 2002 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 1055, 2106, and 2522 of the Code.

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is pay $100 or more in a calendar year. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2003, please send thirteen (13) copies of *The Official Catholic Directory* for 2003 to the IRS TE/GE in Cincinnati, one copy to the Processing Campus in Ogden, twenty-two (22) copies to the Director, EO Examinations, Dallas; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, and Los Angeles, and four copies to the IRS National Headquarters.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

Myrna L. Huber

for John E. Ricketts, Director, TE/GE
Customer Accounts Services

November 10, 2002 Copyright © by United States Conference of Catholic Bishops

CATHOLIC COMMUNITY SERVICES
SERVING PEOPLE OF ALL BELIEFS

August 14, 2019

Pierce County Human Services
Community Services Division
1305 Tacoma Avenue South, Suite 104
Tacoma, WA 98402

Continuum of Care Funding Committee:

Catholic Community Services is committed to providing a 26% cash match in the amount of $9,635 for the proposed Continuum of Care –funded CCS permanent supportive housing program, Manresa Permanent Supportive Housing, for the contract period covered by the application. The source of this cash match for this grant funding cycle is from a City of Lakewood Human Services grant.

Sincerely,

Denny Hunthausen
Agency Director

PIERCE FAMILY CENTER
1323 Yakima Avenue • Tacoma, WA 98405 • (253) 383-3697 • FAX (253) 572-3193 • 800-372-3697
WWW.CCSWW.ORG/PIERCEFC

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/26/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0268
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Nativity House Apartments
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-006
17. Proposed Project	
a. Start Date:	12/01/2020
b. End Date:	11/30/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$177,665.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Nativity House Apartments 1305 Tacoma Avenue South Tacoma Washington

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$161,572.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Gordon Thomas Honeywell
1201 Pacific Ave Suite 2100
Tacoma WA 98401

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Gordon Thomas Honeywell
1201 Pacific Ave Suite 2100
Tacoma WA 98401

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $177,665

Organization	Type	Type	Sub-Award Amount
Catholic Community Services of Western Washington	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$177,665

2A. Project Subrecipients Detail

a. Organization Name: Catholic Community Services of Western Washington

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1585652

	*** d. Organizational DUNS:**	799006341	**PLUS 4**	

e. Physical Address

Street 1: 1323 S Yakima Avenue

Street 2:

City: Tacoma

State: Washington

Zip Code: 98405

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-006

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: $177,665

j. Contact Person

Prefix: Mr.

First Name: Denny

Middle Name:

Last Name: Hunthausen

Suffix:	
Title:	Agency Director, VP
E-mail Address:	dennyh@ccsww.org
Confirm E-mail Address:	dennyh@ccsww.org
Phone Number:	253-502-2704
Extension:	
Fax Number:	253-572-3193

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:	WA0268

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	Nativity House Apartments
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

Nativity House Apartments provides 50 units of permanent supportive housing with Tacoma Housing Authority project-based Section 8 vouchers. Our goal is to help tenants achieve life stability, reliable income, and independent permanent housing. The program operates using both the Harm Reduction and House First models. The building is a secure-access facility with a 24/7 staff-monitored entrance. The target population for the apartment units is chronically homeless individuals with documented disabilities. The goal is to house individuals whose homelessness is hardest on them and hardest on the entire community.

CCS works collaboratively with local providers to ensure that clients with the greatest need are housed. The committee includes CCS Homeless Adult Services, Comprehensive Life Resources, Greater Lakes Mental Health, MDC, City of Tacoma, and Associated Ministries' Access Point 4 Housing (AP4H). The committee employs a modified Vulnerability Assessment Tool, as well as the Vulnerability Index & Service Prioritization Decision Assistance Tool, to determine an individual's eligibility for permanent supportive housing.

Preference is given to individuals who have already not been successful or are unlikely to be successful in scattered-site housing-first projects, and individuals experiencing factors that increase their vulnerability and difficulty acquiring and maintaining housing:
•Mental Health
•Chemical Dependency
•Co-Occurring Diagnosis (Mental Health/Chemical Dependency
•Criminal convictions
•Evictions
•Frequent use of Emergency Services
-Emergency Room
-Fire Department/EMS response
-Police Response
-Jail use, especially for repeat, low-level violations

The Nativity House Apartments are part of our new single-site multi-purpose facility, Nativity House, which opened in December 2014. In addition to the Apartments, Nativity House provides two hot meals daily, day shelter, overnight shelter, and connections to mainstream benefits and services.

The living units are efficiency apartments with a bed, seating area, table and chairs, bathroom with shower, small kitchen, and closet. Tenants also have access to a shared community room, outdoor patio, and all of the amenities provided by Nativity House, such as hot meals, art room, and computer lab.

Tenants of the Nativity House Apartments receive weekly case management and connections to employment assistance, job training, housing search, counseling services, legal services, mental health services, substance abuse services and connections to mainstream public benefits.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.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 lll.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 lll.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 lll.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	Quarterly
Assistance with Moving Costs			
Case Management		Subrecipient	Bi-monthly
Child Care			
Education Services			
Employment Assistance and Job Training		Subrecipient	As needed
Food			
Housing Search and Counseling Services		Subrecipient	Weekly
Legal Services		Subrecipient	Monthly
Life Skills Training		Subrecipient	Weekly
Mental Health Services		Subrecipient	Weekly
Outpatient Health Services		Subrecipient	Monthly
Outreach Services		Subrecipient	Weekly
Substance Abuse Treatment Services		Subrecipient	Weekly
Transportation		Subrecipient	Weekly
Utility Deposits			

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	No

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 50

Total Beds: 50

Total Dedicated CH Beds: 50

Housing Type	Housing Type (JOINT)	Units	Beds
Single Room Occupancy (SRO)...	---	50	50

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 50

b. Beds: 50

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 50

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: 1411 South Yakima Avenue

Street 2:

City: Tacoma

State: Washington

ZIP Code: 98405

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

531554 Tacoma

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		50		50

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	50		50
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	50	0	50

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										
Persons 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	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	31	0	45	17	16	2	0
Persons ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	31	0	45	17	16	2	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

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
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:	$53,300
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$53,300

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

rental contributions

1b. Estimate the amount of program income that will be used as Match for this project: $53,300

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Program Income	08/13/2019	$53,300

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Program Income
5. Date of Written Commitment:	08/13/2019
6. Value of Written Commitment:	$53,300

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

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	$161,572
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$161,572
7. Admin (Up to 10%)	$16,093
8. Total Assistance plus Admin Requested	$177,665
9. Cash Match	$53,300
10. In-Kind Match	$0
11. Total Match	$53,300
12. Total Budget	$230,965

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Designations	09/15/2017
2) Other Attachmenbt	No	Match Letter	09/11/2019
3) Other Attachment	No		

Attachment Details

Document Description: IRS Designations

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Bruce Dammeier

Date: 09/26/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
Part 6 - Budget Information	
6A. Funding Request	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	X
7B. Certification	X

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):

updating budget based on HUD approved amendments

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	09/11/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/11/2019

1E. SF-424 Compliance	09/11/2019
1F. SF-424 Declaration	09/11/2019
1G. HUD-2880	09/11/2019
1H. HUD-50070	09/11/2019
1I. Cert. Lobbying	09/11/2019
1J. SF-LLL	09/11/2019
Recipient Performance	09/11/2019
Renewal Expansion	09/11/2019
Renewal Grant Consolidation	09/11/2019
2A. Subrecipients	09/11/2019
3A. Project Detail	09/11/2019
3B. Description	09/11/2019
3C. Dedicated Plus	09/11/2019
4A. Services	09/11/2019
4B. Housing Type	09/11/2019
5A. Households	09/11/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/11/2019
6D. Match	09/11/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/11/2019
7B. Certification	09/11/2019
Submission Without Changes	09/11/2019

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: June 4, 2002

Person to Contact:
Myrna Huber #31-07276
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20018-1194

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2002 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 2002 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 1055, 2106, and 2522 of the Code.

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is pay $100 or more in a calendar year. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2003, please send thirteen (13) copies of *The Official Catholic Directory* for 2003 to the IRS TE/GE in Cincinnati, one copy to the Processing Campus in Ogden, twenty-two (22) copies to the Director, EO Examinations, Dallas; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, and Los Angeles, and four copies to the IRS National Headquarters.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

Myrna L. Huber

for John E. Ricketts, Director, TE/GE
Customer Accounts Services

November 10, 2002 Copyright © by United States Conference of Catholic Bishops

CATHOLIC COMMUNITY SERVICES
SERVING PEOPLE OF ALL BELIEFS

August 13, 2019

Pierce County Human Services
Community Services Division
1305 Tacoma Avenue South, Suite 104
Tacoma, WA 98402

Continuum of Care Funding Committee:

Catholic Community Services is committed to providing a 30% cash match in the amount of $53,300 for the proposed Continuum of Care –funded CCS permanent supportive housing program, Nativity House Apartments, for the contract period covered by the application. The source of this cash match for this grant funding cycle is from Nativity House Apartment tenant rents.

Sincerely,

Denny Hunthausen
Agency Director

PIERCE FAMILY CENTER
1323 Yakima Avenue • Tacoma, WA 98405 • (253) 383-3697 • FAX (253) 572-3193 • 800-372-3697
WWW.CCSWW.ORG/PIERCEFC

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4:**	

d. Address

Street 1: 1305 Tacoma Avenue South
Street 2: Suite 104
City: Tacoma
County: Pierce
State: Washington
Country: United States
Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Jeffrey
Middle Name:
Last Name: Rodgers
Suffix:
Title: Supervisor, Homeless Programs
Organizational Affiliation: Pierce County
Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	New Deal
16. Congressional District(s):	
a. Applicant:	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
17. Proposed Project	
a. Start Date:	11/01/2020
b. End Date:	10/31/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN): 91-6001359

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $213,369.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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 (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$213,369.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from

No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $213,369

Organization	Type	Sub-Award Amount
LASA	M. Nonprofit with 501C3 IRS Status	$213,369

2A. Project Subrecipients Detail

a. Organization Name: LASA

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 91-1470619

	*** d. Organizational DUNS:**	969624519	**PLUS 4:**	

e. Physical Address
Street 1: PO Box 98619
Street 2:
City: Lakewood
State: Washington
Zip Code: 98498

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-010

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant,either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $213,369

j. Contact Person
Prefix: Ms.
First Name: Janne
Middle Name: G

Last Name:	Hutchins
Suffix:	
Title:	Executive Director
E-mail Address:	Janne@lasawa.org
Confirm E-mail Address:	Janne@lasawa.org
Phone Number:	253-581-8689
Extension:	
Fax Number:	253-581-0212

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.

LASA brings a passion for services along with thirty years' experience meeting our mission of preventing homelessness and recurrent homelessness. LASA offers Emergency Shelter, PSH and low-income housing along with Rapid Rehousing (RRH). As described by the National Alliance to End Homelessness, RRH is part of the Housing First approach to end homelessness. While many Housing First programs provide assistance, RRH provides short-term rental assistance and services, WITH goals to help people obtain housing quickly (we have relationships with local landlords), increase self- sufficiency, and remain housed. The Core Components of rapid re-housing—housing identification, rent and move-in assistance, and case management and services-operationalize Housing First principles. Rapid Re-Housing programs generally target people with low to moderate service's needs. LASA uses the RRH program as a tool to move a family from Homelessness to permanent housing. Along with case management, clients can access amenities including use of our computer lab and essential needs closet, referrals to the Furniture Bank, attend the Holiday Fair for food and gifts and the Ready Learn Fair for school supplies. We also offer workshops to help clients reinstate a driver's license (or access bus tickets) and job fairs promoting living wage positions. Next month we are offering free flu vaccines.

Addressing the target population's housing and supportive service needs LASA has been achieving its mission of preventing homelessness for 30 years by providing housing along with services to Pierce County families experiencing homelessness. Located in Lakewood, an early newspaper article shows that the first family we housed was from Pierce County.
The way we provide services has changed over the years as providers have become better versed in how best to meet the needs of those experiencing homelessness. We embrace the use of motivational interviewing and use the Trauma Informed Care model when working with our families.

Identifying and securing matching funds from a variety of sources: Many of the churches that came together to create LASA 30 years ago faithfully continue to support us. Their funds, along with those from civic clubs and small foundation grants are used to match many of our grants.

Managing basic organization operations including financial accounting systems. LASA's Financial Manager is a CPA and LASA has enjoyed a clean audit for many years.
Our HMIS administrator has a good grasp of HMIS and a track record of providing accurate and timely data.
1b.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Most of LASA's programs are funded by multiple Federal, State, local and private sector funding. We have two emergency shelter units that are funded by Pierce County Document Recording Fees, Pierce County 2060 funds and FEMA funds. We anticipate the City of Tacoma awarding LASA $20,000.00 for RRH in 2020 and Pierce county awarding LASA $56,000.00 for a non CoC RRH program in 2020 - 2021.

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.

LASA has a volunteer board of directors that oversees the organizations operations. The Executive Director has been with the agency for 24 years and reports to the board of directors. The Executive Director supervises the Finance Manager, Prevention Manager, Donations Manager and two Case Managers. The Finance Manager is a CPA with 25 years of experience and provides monthly financial statements to the board of directors. We have an audit every year by Pierce County. We have an A-133 audit every year by a CPA firm. Our accounting program tracts expenses by Class and Program. Attached is our Accounting Manual that gives more detail of our accounting system.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?	No

3A. Project Detail

1a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
1b. CoC Collaborative Applicant Name:	Pierce County
2. Project Name:	New Deal
3. Project Status:	Standard
4. Component Type:	PH
4a. Will the PH project provide PSH or RRH?	RRH
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).	No
7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?	X

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

LASA will help 20 or more households secure housing and work with them to stay housed. We accept families and singles through Coordinated Entry (CE) knowing they may have one or more of the following: chronic homelessness, substance abuse, DV, mental illness, poor credit and/or record of past eviction(s), no income, lack of a high school degree or minor criminal background. While these are issues we see on a daily basis in our Permanent Supportive Housing program it is a bigger challenge in RRH because we have less time to spend with each family.
We conduct an intake with every newly referred family. Our Case Managers start employ techniques to get a family to share their story so that together we can craft a plan to get them housed and just as importantly, stay housed.
With a family lacking a place to sleep, we try to make every moment productive. At intake we let them know what documents they need to secure and will help them if needed, this can include a birth certificate, ID or other critical items. We accept the family regardless of this documentation, but they may need it to qualify for other services. We explain what we can do for them and what they need to do for themselves. Some of those we serve are limited in their ability to help themselves and we have at time assigned one of our interns to help them in their search.
Next begins the quest for a landlord that will accept them into a unit of their choosing. This is where our knowledge of local landlords comes in as we can sometimes suggest a complex. At all times we encourage them to do their own searching as we find that people are happiest when they have conducted a search in an area of their choosing. Our case manager gives them a letter of introduction to give a landlord explaining our role. Once a landlord shows an interest, LASA starts the process of securing first and last month's rent, as well as security deposit and of course the initial screening.
The Case manager makes referrals, for example the Furniture Bank. The family is invited to our storage when they "shop" for household items. They also visit our Essential Needs Closet for hygiene. Depending on the time of year they may go to our Back to School event, with Caring 4 Kids who will also fill a clothing order for our kids or attend our Holiday giveaways.

Once the family is housed, the focus is on keeping their housing. Together we work on a housing stability plan. For some this may mean taking a course at the local technical college (our partner) to increase income. For others it means making a visit to DSHS and social security.
Some become self-sufficient quickly but in general we provide a graduated subsidy starting with 100% rent in month #1, going to 75% in month 2 and so on until the family takes over their rent completely by month #8 and sometimes earlier.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds

requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	10			
Participants begin to occupy leased units or structure(s), and supportive services begin?	45			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	100			
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	X	Domestic Violence	X
Veterans		Substance Abuse	X
Youth (under 25)	X	Mental Illness	X
Families	X	HIV/AIDS	
		Other (Click 'Save' to update)	

5. Housing First

a. Will the project quickly move participants Yes

into permanent housing

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

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. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?	No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.	X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

In this case, we start to work on receiving benefits. We work on building on strengths and overcoming the barriers. For example, in-house workshops are provided for people who need to get a license. Maybe they need to get a better paying job, they can attend our employment workshops offered quarterly and featuring employers ready to hire. They can also use our computer lab to create a resume or go online to apply for jobs. Frequently the client has issues that need the help from a professional in a capacity we don't offer. We work with Greater Lakes and others to refer families to meet specific needs. Receiving this help becomes part of their Housing Stability Plan. We don't mandate services but once we have established a level of trust, we find that clients want to achieve stability in their lives and are more likely to access services if we first give them a guiding hand and an actual bus pass to get to appointments. Our door is open even after services are over.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Early History: LASA was started by a consortium of churches and It is still in our DNA to work with others. We are big believers that it takes a team effort.
Learning about others: LASA invites a sister agency to visit us at a staff meeting once a month to provide an overview of their services. We then take the agency on a tour. In this simple way, we learn about services in the community we may not be aware of while showing another agency what we do.
Community meetings: LASA attends the monthly Lakewood collaboration and

has representation at several ongoing committee and task forces including Rapid Rehousing, Permanent Supportive Housing and the Affordable Housing Consortium. This allows us to learn about services provided by others and integrate what we do with others.
Sharing: We also share whatever resources we are able to gather. For example, we pick up product from a Chick Fil A every Monday, freeze it and distribute to interested clients, then at the end of the week we take it to Clover Park Tech for their food bank. Some of our best interns come from CPTC so it seems like we have some full circle with this. Another essential partnership is working with Caring 4 Kids. C4K provides the kids in our programs with new school clothes and shoes. We in turn close our office and help them every year when they have their big distribution. We also gather items for them. The people we serve in Rapid Rehousing benefit from both of these partnerships.
Other Services: Next month LASA will open our doors to a free flu shot clinic provided by Lakewood Walgreens
and sponsored by Molina. All of our RRH clients will be encouraged to attend. We also offer workshops and a recent speaker spoke on the importance of a positive mental attitude when it comes to job hunting.

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		Partner	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	As needed
Child Care		Applicant	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	Quarterly
Food		Applicant	Quarterly
Housing Search and Counseling Services		Applicant	Weekly
Legal Services		Non-Partner	As needed
Life Skills Training		Applicant	Bi-weekly
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Applicant	Bi-monthly
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Applicant	Quarterly
Utility Deposits		Applicant	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to Yes

attend mainstream benefit appointments, employment training, or jobs?	
5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?	Yes
6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 10

Total Beds: 30

Housing Type	Housing Type (JOINT)	Units	Beds
Single family homes/townhou...	---	10	30

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 10

b. Beds: 30

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: PO Box 98619

Street 2:

City: Lakewood

State: Washington

ZIP Code: 98498

***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)**

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

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	9	1		10

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	1		13
Persons ages 18-24	1	0		1
Accompanied Children under age 18	16		0	16
Unaccompanied Children under age 18			0	0
Total Persons	29	1	0	30

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	2		0	2	1	1	3	1	1	1
Persons ages 18-24				1						
Children under age 18	2			4	1	2	3	1	2	1
Total Persons	4	0	0	7	2	3	6	2	3	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			1							
Persons ages 18-24										
Total Persons	0	0	1	0	0	0	0	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:

Project will serve participants referred from Coordinated Entry for all project

openings

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021?	Yes
2. What type of CoC funding is this project applying for in the 2019 CoC Competition?	Reallocation + CoC Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year
*** 5. Select the costs for which funding is being requested:**	
Rental Assistance	X
Supportive Services	X
HMIS	
6. If awarded, will this project require an initial grant term greater than 12 months?	No

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:	$142,272
Total Units:	10

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Tacoma, WA HUD Metro FMR Area (5...	10	$142,272

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: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$580	x	12		=	$0
0 Bedroom	1	x	$773	x	12		=	$9,276
1 Bedroom	1	x	$881	x	12		=	$10,572

2 Bedrooms	6	x	$1,145	x	12	=	$82,440
3 Bedrooms	2	x	$1,666	x	12	=	$39,984
4 Bedrooms		x	$2,017	x	12	=	$0
5 Bedrooms		x	$2,320	x	12	=	$0
6 Bedrooms		x	$2,622	x	12	=	$0
7 Bedrooms		x	$2,925	x	12	=	$0
8 Bedrooms		x	$3,227	x	12	=	$0
9 Bedrooms		x	$3,530	x	12	=	$0
Total Units and Annual Assistance Requested	10						$142,272
Grant Term							1 Year
Total Request for Grant Term							$142,272

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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	15 NW Furniture Bank Vouchers at $200	$3,000
3. Case Management	1 FTE	$46,050
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	20 X $50 food cards	$1,000
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	60 all day bus tickets at 2.50	$150
16. Utility Deposits	5 utility deposits @ $300	$1,500
17. Operating Costs		
Total Annual Assistance Requested		$51,700
Grant Term		1 Year
Total Request for Grant Term		$51,700

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$63,183
Total Value of In-Kind Commitments:	$7,950
Total Value of All Commitments:	$71,133

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	Cash	Private	LASA/Donations	08/15/2019	$63,183
Yes	In-Kind	Private	Caring for Kids D...	08/15/2019	$7,950

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	LASA/Donations
5. Date of Written Commitment:	08/15/2019
6. Value of Written Commitment:	$63,183

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	In-Kind
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Caring for Kids Donation
5. Date of Written Commitment:	08/15/2019
6. Value of Written Commitment:	$7,950

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	$142,272	1 Year	$142,272
4. Supportive Services	$51,700	1 Year	$51,700
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$193,972
8. Admin (Up to 10%)			$19,397
9. Total Assistance Plus Admin Requested			$213,369
10. Cash Match			$63,183
11. In-Kind Match			$7,950
12. Total Match			$71,133
13. Total Budget			$284,502

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Match Letter	09/20/2019
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	In kind match MOU	09/20/2019

Attachment Details

Document Description: In kind match MOU

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: Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

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.

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)	09/19/2019
1E. SF-424 Compliance	09/19/2019
1F. SF-424 Declaration	09/19/2019
1G. HUD 2880	09/19/2019
1H. HUD 50070	09/19/2019
1I. Cert. Lobbying	09/19/2019
1J. SF-LLL	09/19/2019
2A. Subrecipients	09/20/2019
2B. Experience	09/19/2019
3A. Project Detail	09/19/2019
3B. Description	09/19/2019
3C. Expansion	09/19/2019
4A. Services	09/20/2019
4B. Housing Type	09/20/2019
5A. Households	09/20/2019
5B. Subpopulations	09/20/2019
6A. Funding Request	09/19/2019
6E. Rental Assistance	09/20/2019
6F. Supp Srvcs Budget	09/20/2019
6I. Match	09/20/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/20/2019
7A. In-Kind MOU Attachment	09/20/2019
7D. Certification	09/20/2019

LASA
LIVING ACCESS SUPPORT ALLIANCE
8956 Gravelly Lake Drive SW Lakewood, Washington 98499
253 581 8689 www.lasawa.org
Helping you take life's next step

August 16, 2019

To Whom It May Concern

LASA agrees to match up to $63, 183 to compliment the program known as New Deal, a RRH program.

Sincerely,

Janne Hutchins

Caring for Kids

August 2019,

To Whom It May Concern:

Caring for Kids has worked with LASA for many years and we support each other any way we are able. Caring for Kids will make the following pledge for the year 2018 which LASA can use for any of their projects.

Caring for Kids will:

- Backpacks filled with misc supplies for employment and education event 4 sets at $105

  Value: $420
- School clothing as needed for children served by one of LASA's prevention programs. Value $175 per child. (Typically available to CPSD only) $175 x 30

  Value: $5,200
- Donation of gloves to be handed out as needed.

  Value: $1,100
- provide emergency food kits 75 x $5

  Value: $375

Total value $7,950.

Diane Formoso

Caring For Kids
237 Eldorado Avenue
Fircrest, WA 98466
253-279-9777/carekids@comcast.net
carekids.org
January 10, 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4:**	

d. Address

Street 1: 1305 Tacoma Avenue South
Street 2: Suite 104
City: Tacoma
County: Pierce
State: Washington
Country: United States
Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Jeffrey
Middle Name:
Last Name: Rodgers
Suffix:
Title: Supervisor, Homeless Programs
Organizational Affiliation: Pierce County
Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Orting Veterans Village
16. Congressional District(s):	
a. Applicant:	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-010
17. Proposed Project	
a. Start Date:	12/01/2020
b. End Date:	11/30/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN): 91-6001359

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $231,622.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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 (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$231,622.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from

No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $231,622

Organization	Type	Sub-Award Amount
Panza, dba Quixote Communities	M. Nonprofit with 501C3 IRS Status	$231,622

2A. Project Subrecipients Detail

a. Organization Name: Panza, dba Quixote Communities

b. Organization Type: M. Nonprofit with 501C3 IRS Status

If "Other" specify:

c. Employer or Tax Identification Number: 32-0243330

	*** d. Organizational DUNS:**	034193489	**PLUS 4:**	

e. Physical Address

Street 1: 3350 Mottman Rd SW

Street 2:

City: Tumwater

State: Washington

Zip Code: 98512

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-010

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: $231,622

j. Contact Person

Prefix: Ms.

First Name: Jaycie

Middle Name:

Last Name:	Osterberg
Suffix:	
Title:	Executive Director
E-mail Address:	jaycie.osterberg@quixotevillage.com
Confirm E-mail Address:	jaycie.osterberg@quixotevillage.com
Phone Number:	360-338-0451
Extension:	
Fax Number:	

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.

Quixote Communities (QC) is partnering with two organizations on this project: Community Frameworks and Puget Sound Veterans Hope Center (PSVHC).

Community Frameworks is an active statewide nonprofit developer with a successful track record developing homeless housing projects, including Shove House in Omak (McKinney state bonus project), Lincoln Terrace in Walla Walla (Permanent Supportive Housing for homeless families), 22 North in Bellingham (PSH for chronically homeless single young adults and older), and the Home Yard Cottages (PSH for homeless families) in Spokane.

PSVHC was originally established to assist and house homeless veterans in Pierce County and has operated a 10-bed emergency shelter for homeless veterans at the Tacoma Rescue Mission since 2014. PSVHC will market the Orting Veterans Village at their shelter. Orting Veterans Village will expand PSVHC's services by providing Permanent Supportive Housing on the Orting Soldier's Home campus.

Orting Veterans Village will be modeled after Quixote Village in Olympia, which was developed by Quixote Communities with Community Frameworks as the development consultant. As the first publicly funded housing model of its type, Quixote Communities and Community Frameworks had to get many zoning regulations and code inconsistencies adjusted to allow for construction and operation. The project was completed on time, within budget and has been in full operation since December 2013. All residents meet the current HUD definition of chronic homelessness, and we expect that to be true of the Orting Veterans Village as well. Residents are entered in HMIS upon move-in, and their files regularly updated as well. The same will be true of Orting Veterans Village when open. Quixote Village currently receives around 25 project-based vouchers per month for residents (the exact number varies by one or two monthly), and we successfully manage the funds and associated reporting requirements. 64% of our residents self-identify as having been diagnosed with a mental illness, 34% have physical disabilities, and 30% have substance abuse disorders. This gives us experience finding resources for people who may have one or more of these diagnoses.

Quixote Communities, nonprofit status granted in 2008, is financially stable and we are actively looking for ways to further strengthen that financial outlook. This includes the hiring of professional and experienced grant writing staff to pursue public and private grant opportunities for programmatic, operating, and match funds, hosting our 1st annual fundraising event, building our endowment fund, and promoting opportunities for individuals to make donations. Quixote is subject to an annual financial audit, and no findings have ever been reported.

Our board is active and experienced, and financial policies, procedures, and internal controls are written and fall within accepted GAAP standards.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Quixote Communities has secured operating subsidies from the Washington State Housing Trust Fund as well as project-based vouchers from the Thurston County Housing Authority for Quixote Village. Ongoing operations and program funding have come from CDBG funds, 2163 funds, as well as private foundation funds and individual donations.

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.

Quixote Communities is comprised of the Board and three full-time positions onsite: Executive Director, Program Manager and Case Manager/Resident Advocate. According to the Board Bylaws, “The Board is responsible for determining policy, setting goals, supervising staff, and approving the annual budget to meet its goals in support of its mission.” The board is in charge of policy administration, organizational evaluation, public/community relations, fundraising, and finance. The list of specific duties in the bylaws ensures that the Board of Directors maintains an effective role in the organization. Quixote Communities’ Fiscal Management: Policies and Procedures document demonstrates an adequate financial accounting system and show appropriate internal and external coordination.

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:	WA-503 - Tacoma, Lakewood/Pierce County CoC
1b. CoC Collaborative Applicant Name:	Pierce County
2. Project Name:	Orting Veterans Village
3. Project Status:	Standard
4. Component Type:	PH
4a. Will the PH project provide PSH or RRH?	PSH
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).	No
7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?	X
8. Does this project include Replacement Reserves?	Yes

Your project has a replacement reserve amount in the budget. In order to move to grant agreement, the repayment schedule, the total amount to be placed in reserve over the grant term and the scheduled payment amount, and the system or systems to be replaced and the useful life/lives of the

system(s) must be attached in esnaps, and must be approved by HUD.

FAQ: Scheduled payments to a reserve fund for the repair of major building systems are an eligible cost for recipients of transitional or permanent supportive housing projects where the recipient or subrecipient owns or operates the building(s). The repayment schedule, the total amount to be placed in reserve over the grant term and the scheduled payment amount, the system or systems to be replaced and the useful life/lives of the system(s) must be included as an attachment, submitted as part of your project application and must be approved by HUD. The HUD-approved amount is the limit on how much of your grant funds can be put in reserve. The total amount to be deposited in the reserve and the scheduled payments must be based on the remaining useful life of the system the recipient that will be replaced and the expected replacement cost of that system, reduced by the interest income expected to be earned on the reserve account before the end of the useful life of the system (taking into account expected future deposits and cash disbursements).

Recipients must draw down these funds from LOCCS in accordance with the HUD-approved repayment schedule included in the application. Payments must be scheduled no less frequently than quarterly, as required by 24 CFR 578.85(c)(3). A recipient must maintain separate accounting records for the reserve (e.g., an accounting "fund") that will segregate the accounting for deposit of grant funds and expenditure of amounts held in the reserve for replacement of the asset). When the major system for which the reserve was created must be replaced (e.g., the HVAC system), the recipient may use funds in the reserve account to pay for the replacement without prior approval from HUD, but must maintain documentation to support the expenditure of funds and the replacement of the system.

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Quixote Communities is partnering with Puget Sound Veterans Hope Center (PSVHC) to build Orting Veterans Village. PSVHC was originally established to assist and house homeless veterans in Pierce County. Located on the grounds of the Tacoma Rescue Mission, PSVHC will market the Orting Veterans Village at their 10-bed veteran shelter. Orting Veterans Village will expand PSVHC's services by providing Permanent Supportive Housing on the Orting Soldier's Home campus.

We will be housing literally homeless veterans in Pierce County. Quixote Village, the model for Orting, also serves single homeless adults. Of its residents, 64% self-identify as having mental illnesses, 34% have physical disabilities, and 30% have substance abuse disorders. Orting Veterans Village anticipates similar percentages of residents with these housing challenges. 100% of our residents will be homeless at the time of intake, with some experiencing multiple periods of time without a permanent residence.

Like Quixote Village, a full time Case Manager will work one-on-one with residents at the time of intake to both assess their needs and develop service plans. These service plans will address health, employment, and other needs to increase self-determination, and the Case Manager will meet regularly with residents to review progress and connect residents with services, including those offered at the American Lake VA Medical Center.

The primary projected outcomes are housing stability and self-sufficiency. We expect that 90% of the residents will remain in the program or exit to other permanent housing after 12 months, and 10% or less will return to homelessness. We expect all residents that come in with public entitlements to maintain those entitlements and overall 30% of residents to increase their income, either through employment or access to entitlements, during residency at the Village.

In addition to collaborations with PSVHC, Quixote Communities will participate in the Coordinated Entry (CE) system in Pierce County to assist us in providing housing for the veterans most in need, because CE uses the Vulnerability Index. Quixote Communities will also work with the Pierce County Veterans Court as well as the Veteran Advisory Boards, and the Coordinated Entry Homeless Veterans master list. An existing MOU with Life Transitions for professional counseling services provided to Quixote Village will be modified to include similar services provided to the residents at Orting Veterans Village. A relationship with the Veterans Administration will be key to addressing the unique needs of our service population, and our existing relationship with The Peace Center for life skills training (budgeting, resume building, interview skills, etc.) will be an integral part of the collaborative relationships at Orting as well.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

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?	300			
Participant enrollment in project begins?	300			
Participants begin to occupy leased units or structure(s), and supportive services begin?	330			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	365			
Closing on purchase of land, structure(s), or execution of structure lease?	0			
Rehabilitation started?				
Rehabilitation completed?				
New construction started?	60			
New construction completed?	300			

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	X	Domestic Violence	
Veterans	X	Substance Abuse	X
Youth (under 25)		Mental Illness	X
Families		HIV/AIDS	
		Other (Click 'Save' to update)	

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	
None of the above	

d. Will the project follow a "Housing First" approach? (Click 'Save' to update) No

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

not applicable

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

Quixote Communities will provide permanent housing. As such, residents will be assigned to a particular home and will sign a lease to live in that home. When there is a new vacancy, Quixote Communities will assign the next applicant on

the wait list to that specific home.

8. Will more than 16 persons live in one structure?	No

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

10. Indicate whether the project is "100% Dedicated," or "DedicatedPLUS," according to the information provided above.	100% Dedicated

3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?	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.

Orting, like Quixote Village, and Quixote Village has been both a resident-initiated steppingstone on their way to permanent housing. We expect similar experiences at Orting. Some residents will make the Village their forever home, and some will move to other permanent housing situations. Orting will have a full time CM onsite to assess the needs of residents at intake and to provide ongoing case management including assistance with service adjustments on an as- needed basis. The CM uses Motivational Interviewing techniques to help the residents best assess their personal goals and to help them gain knowledge of the steps they'll need to take to make their goals a reality, then works with them to ensure their access to outside services. Barriers to permanent housing may be lack of employment and/or the ability to accurately assess and communicate their employable skills, mental illness, substance abuse struggles, physical disabilities, or a combination of any of the mentioned factors.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Orting Veterans Village, like Quixote Village, will have strong collaborative relationships with the Social Security Administration, Medicare/Medicaid, and the WA Department of Social and Health Services. Additionally, we will form a collaborative relationship with Pierce College in Puyallup for education and degree program enrollment, and a relationship with the Veterans Administration is crucial to our ability to fulfill the special needs of our resident population.

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		Partner	As needed
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Applicant	As needed
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Applicant	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Non-Partner	As needed
Mental Health Services		Applicant	Bi-monthly
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Applicant	As needed
Substance Abuse Treatment Services		Non-Partner	Monthly
Transportation		Partner	As needed
Utility Deposits		Non-Partner	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 benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? No

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 35

Total Beds: 35

Total Dedicated CH Beds: 35

Housing Type	Housing Type (JOINT)	Units	Beds
Single Room Occupancy (SRO)...	---	35	35

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 35

b. Beds: 35

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 35

This includes both the "dedicated" and "prioritized" beds.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1301 Orting Kapowsin Hwy

Street 2:

City: Ortin

State: Washington

ZIP Code: 98360

***5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

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		35		35

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		34		34
Persons ages 18-24		1		1
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	35	0	35

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										
Persons 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	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		34								
Persons ages 18-24		1								
Total Persons	0	35	0	0	0	0	0	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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021?	Yes
2. What type of CoC funding is this project applying for in the 2019 CoC Competition?	Reallocation + CoC Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year

*** 5. Select the costs for which funding is being requested:**

Acquisition/Rehabilitation/New Construction	
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6. If awarded, will this project require an initial grant term greater than 12 months?	No

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE Case Manager Salary at $40,000 plus 33% benefits	$66,500
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	2 meals per month for 35 residents	$6,000
8. Housing/Counseling Services	0.2 FTE Program Manager salary at $10,000 plus 33% benefits	$13,300
9. Legal Services		
10. Life Skills		
11. Mental Health Services	Yearly rate for Life Transitions professional counseling staff and travel time: group therapy sessions and mental health services not covered by the VA or other insurance	$22,556
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$108,356
Grant Term		1 Year
Total Request for Grant Term		$108,356

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Yearly estimate of maintenance and repair costs based on current Quixote Village operations budget	$29,690
2. Property Taxes and Insurance	Yearly estimate of property taxes and insurance costs based on current Quixote Village operating budget	$23,991
3. Replacement Reserve	Yearly replacement reserve costs based on current Quixote Village operating budget	$14,722
4. Building Security		
5. Electricity, Gas, and Water	Yearly electricity, water/sewer, and waste management costs based on current Quixote Village operating budget	$33,806
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$102,209
Grant Term		1 Year
Total Request for Grant Term		$102,209

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$57,906
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$57,906

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Panza, Quixote Co...	08/06/2019	$57,906

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Panza, Quixote Communities
5. Date of Written Commitment:	08/06/2019
6. Value of Written Commitment:	$57,906

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	$0	1 Year	$0
4. Supportive Services	$108,356	1 Year	$108,356
5. Operating	$102,209	1 Year	$102,209
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$210,565
8. Admin (Up to 10%)			$21,057
9. Total Assistance Plus Admin Requested			$231,622
10. Cash Match			$57,906
11. In-Kind Match			$0
12. Total Match			$57,906
13. Total Budget			$289,528

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Match Letter	09/20/2019
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

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:	Bruce Dammeier
Date:	09/24/2019
Title:	County Executive
Applicant Organization:	Pierce County
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent	X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/19/2019
1E. SF-424 Compliance	09/19/2019
1F. SF-424 Declaration	09/19/2019
1G. HUD 2880	09/19/2019
1H. HUD 50070	09/19/2019
1I. Cert. Lobbying	09/19/2019
1J. SF-LLL	09/19/2019
2A. Subrecipients	09/19/2019
2B. Experience	09/19/2019
3A. Project Detail	09/19/2019
3B. Description	09/20/2019
3C. Expansion	09/19/2019
4A. Services	09/19/2019
4B. Housing Type	09/19/2019
5A. Households	09/19/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/19/2019
6F. Supp Srvcs Budget	09/19/2019
6G. Operating	09/19/2019
6I. Match	09/20/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/20/2019
7D. Certification	09/19/2019

3350 Mottman Rd SW
Olympia, Washington 98512
O: (360) 338-0451
F: (360) 890-4079
info@quixotecommunities.org
www.quixotecommunities.org

Pierce County Human Services, Community Services Division
1305 Tacoma Avenue South, Suite 104
Tacoma, WA 98402
RE: Panza, dba Quixote Communities, response to NOFA No 19-002-HOMELESS-CoC

To whom it may concern:

This letter serves to testify that Quixote Communities will be able to provide 25% of our request in match funds, or $57,906.

Regards,

Jaycie Osterberg, Executive Director
Panza, dba Quixote Communities

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4:**	

d. Address

Street 1: 1305 Tacoma Avenue South
Street 2: Suite 104
City: Tacoma
County: Pierce
State: Washington
Country: United States
Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Jeffrey
Middle Name:
Last Name: Rodgers
Suffix:
Title: Supervisor, Homeless Programs
Organizational Affiliation: Pierce County
Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Pathway Home Expansion Project
16. Congressional District(s):	
a. Applicant:	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
17. Proposed Project	
a. Start Date:	11/01/2020
b. End Date:	10/30/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN): 91-6001359

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $348,656.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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 (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$348,656.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from

No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $348,656

Organization	Type	Sub-Award Amount
Korean Women's Association	N. Nonprofit without 501C3 IRS Status	$348,656

2A. Project Subrecipients Detail

a. Organization Name: Korean Women's Association

b. Organization Type: N. Nonprofit without 501C3 IRS Status

If "Other" specify:

c. Employer or Tax Identification Number: 91-1066806

	*** d. Organizational DUNS:**	180238727	**PLUS 4:**	

e. Physical Address

Street 1: 123 E 96th St

Street 2:

City: Tacoma

State: Washington

Zip Code: 98445

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-009, WA-008, WA-006, WA-010

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: $348,656

j. Contact Person

Prefix: Mr.

First Name: Jay

Middle Name:

Last Name:	Kang
Suffix:	
Title:	Deputy Director
E-mail Address:	JKang@kwacares.org
Confirm E-mail Address:	JKang@kwacares.org
Phone Number:	253-538-8369
Extension:	
Fax Number:	

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.

Korean Women's Association (KWA) was founded in 1972 as a social club for Korean women married to American service members. Soon the club was providing driving lessons, translation, transportation, and assistance to domestic violence survivors. Today, KWA's annual budget is over $42 million, and the organization employs over 1,200 people, while offering a wide range of services to more than 10,000 low-income people in 11 Western WA counties. These services include a shelter for survivors of domestic violence, in home care services, senior wellness programs, three congregate meal sites, five affordable housing sites (two for low income families, one congregate home or individuals with intellectual disabilities and three for seniors), assistance with enrollment in safety net services and food benefits, immigration assistance, health screening and disease navigation. KWA's bilingual advocates render culturally specific services in the languages to more than 20 language groups, including Korean, Cambodian, Vietnamese, Spanish Thai, Japanese, Chinese, Filipino, Russian, Ukrainian, Hawaiian, Thai, Lao and Samoan.
To provide these services, KWA receives a wide variety of local, state and federal grant funding, as well as significant fee for service payments and rent payments, and is currently subject to data collection and management, outcomes reporting and fiscal compliance as required in this NOFA. In addition to these funding sources, KWA's work is supported by a variety of local foundations, corporate partners, and individual donors. Our ability to secure and leverage funds is discussed further in 2A - question 2.

KWA has significant experience providing shelter and support services for the population proposed under this funding request. In 2018, the CoC funded KWA's Pathway Home application, a RRH program that provided immediate shelter, intervention, support services (emergency transportation assistance, legal advocacy, economic advocacy, children's education, immigrant rights, domestic violence education, safety planning assistance, and individual and group support), and ongoing case management to domestic violence (DV) survivors. Through this program, DV survivors will access RRH services, and KWA met or exceeded all of the contract requirements put by Pierce County for the WAF Home Program. This is discussed further in the next question.

Part of the success of Pathway Home is KWA's capacity to develop and implement relevant program systems and services. Building off the success of KWA's We Are Family Home (WAFHOME) shelter program for DV survivors, Pathway Home's RRH focus successfully developed systems to rehouse DV survivors, connect them with relevant community health and income earning partners, and maintain their housing over time. Through this expansion project, Pathway Home will double its capacity to meet the need of DV survivors while addressing a priority for RRH services for DV survivors outlined in the CoC's

NOFA.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Over the past five years, KWA's overall operational budget has increased substantially as a result of its capacity to leverage Federal, State, local, and private sector funds. More specifically, KWA's annual budget has increased from $30,802,828 in 2015 to $44,242,800 in 2019. This steady increase demonstrates KWA's effective programming and impact, its ability to manage funding, and the organization's ability to leverage funding.

As an example of leveraged resources, KWA has secured a two-year grant from Building Changes, which assists our participants with move-in expenses such as security deposits, first
month's rent, moving vehicle rentals, and other moving expenses. These leveraged funds enhance the impact of the Pierce County's Diversion funding and helps ensure that domestic violence clients have the support structures in place that they need to maintain permanent housing after exiting the program.

The joint investment that has been developed between KWA, Building Changes, and Pierce County has allowed the KWA's DV programs to greatly expand its services and demonstrate the need for additional funding to support client access to safe, stable housing. In 2018 and in prior years, the average annual funding amount received by our Pierce County-HHP contract was $50,000. Starting in July 2019, this amount has increased to $80,840 to support the program growth and expansion into the provision of Coordinated Entry services. Additionally, we received a two-year grant from Building Changes in December 2017, in the amount of
$134,320. This funding has been extended through June 2020 to supplement Pathway Home funding for client rental assistance, other move-in costs, and staffing costs that are not supported through the PC-HHP funding. While this leverage of funding has been greatly beneficial to our clients seeking safe, stable housing, we recognize that the Building Changes funding will end in June 2020 and cannot be renewed. Therefore, this CoC funding is crucial in allowing us to continue providing expanded services to vulnerable people experiencing DV throughout the county.

In addition to these leveraged funds, KWA has also secured other vital resources for programming. For example, Metro Parks Tacoma and KWA entered into a 50-year lease for the Portland Avenue Community Center, where KWA will maintain and manage the facility for the next five decades, offering social services, job training, community health, and other services through partners like WorkSource. KWA plan to use this secured resource to leverage additional funding to support expanded services.

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.

KWA is led by Chief Executive Officer Peter Ansara, a proven leader with 25 years of experience in the nonprofit and public sector. Peter has served in a

variety of executive positions including the Director of Human Services for Pierce County, Executive Director for the Tacoma Housing Authority, and Executive Director for Woodbridge Housing Authority in New Jersey.

Deputy Director, Operations and Development, Jay Kang, oversees the program development and operations as well as the Development and Communications Department for the organization. He has over 20 years of social services program experience and has served the immigrant and refugee community for over 30 years.

Miyeoung Lee is the Director of Social Services department. She brings 25 years of social services experience and was the one who established DV shelter program for KWA. Under her direction, DV Shelter Manager Stacia Vierra operates the Rapid Rehousing program. Stacia is also the Shelter Manager of the We Are Family Home Shelter at KWA. KWA's Board of Trustees is a 17-member team comprised of women of color from throughout Pierce and South King County.

KWA's leadership team includes veterans, members of the LGBTQ community, an African American, a Latina American, 4 Asian Americans, and 2 White Americans. Our board of trustees is comprised of 94 percent of women from underrepresented communities—all women of color. Our staff members, on the other hand, are comprised of White Americans (including Russian/Slavic), Asian Americans, African Americans, Latino Americans, Pacific Americans, and Native Americans and reflects the racial and ethnic diversity of the clients we serve.

To ensure accurate book keeping compliant with all fiscal requirement of this NOFA, KWA uses a system of checks and balances to ensure that no one person has control over all aspects of any fiscal transaction. These include:
•All purchases, payroll and disbursements are authorized by a designated individual
•Receipt and deposit functions are handled separately from recording transactions and reconciling accounts.
•Ensure that the same person is not authorized to write and sign a check
•Endorsing checks for deposit only immediately on receipt
•Reconcile bank accounts and internal financial records monthly
•Reconciliation is performed by a person who does not have book keeping or check signing responsibilities or supervisory review of the reconciliation is required.
•Restrict the uses of agency credit cards and limit them to business only uses
•Provide oversite from the KWA Board to ensure accounting and record keeping compliance
•Protect and limit access to petty cash and require receipts for all petty cash transactions
•Require a written conflict of interest statement and code of ethics policy is in place and update it annually.

KWA adheres to all GAAP accounting practices and principles and participates in an annual financial audit as well as periodic program audits by our funders.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including No

ESG) operated by the applicant or potential subrecipients (if any)?

3A. Project Detail

1a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
1b. CoC Collaborative Applicant Name:	Pierce County
2. Project Name:	Pathway Home Expansion Project
3. Project Status:	Standard
4. Component Type:	PH
4a. Will the PH project provide PSH or RRH?	RRH
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).	No
7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?	X

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

KWA's Pathway Home Expansion builds on the track record of successfully providing DV services throughout Pierce County. In 2018, the CoC awarded KWA's Pathway Home Program a contract to provide RRH and support services to 20 households for the one-year term. KWA's WAF Home program exceeded expectations by successfully implementing client-centered and trauma-informed systems and services essential to meeting the unique needs of DV survivors. This expansion doubles the number of households served through Pathway Home by adding additional staff and funding for support services.

Pathway Home staff receive unique DV-oriented training (discussed in 3B - question 7), and KWA currently has two fully deputized DV staff in CE, with another two DV staff in the process of being deputized. As a result of the ongoing and in-depth training, Pathway Home staff utilize evidence-based best practices for identifying and addressing needs of the target DV population, including motivational interviewing, client-centered care, and trauma-informed care. Staff perform ongoing case management to ensure that client needs are met, and that emergent issues are promptly addressed. In addition, all services are delivered in culturally and linguistically appropriate ways.

A major factor in Pathway Home's success is the program's interconnectedness and coordination with other partners. Internally at KWA, the Pathway Home program coordinates with KWA's social service, employment, and legal assistance staff to coordinate the highest quality care for each DV survivors. Outside of KWA, Pathway Home staff coordinate with a wide range of partners including landlords (discussed in 4A – question 2), employment partners (discussed in 4A – question3), social service partners (discussed in 4A – question 3), and health partners (discussed in 4A – question 3). In addition, KWA serves as the county's Coordinated Entry for DV, and as such partners regularly with other CE providers, namely Associated Ministries and Catholic Community Services.

The most important outcomes for all participants in this program will align with HEARTH goals as well as the outcomes identified in the NOFA, including reducing returns to homelessness, improving earning power and increasing assets as well as preventing homelessness to begin with by increasing housing options for DV survivors. Additional outcomes will be determined upon execution of the contract in accordance with Pierce County's designated outcomes for this service provision and will build off of the existing Pathway Home program outcomes.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

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?	90			
Participant enrollment in project begins?	180			
Participants begin to occupy leased units or structure(s), and supportive services begin?	180			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	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		Domestic Violence	X
Veterans		Substance Abuse	
Youth (under 25)	X	Mental Illness	
Families	X	HIV/AIDS	
		Other (Click 'Save' to update)	

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on

the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

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. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year's CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: WA0421

1b. Eligible Renewal Grant Project Name: Pathway Home

2. Will this expansion project Increase the number of homeless persons served? Yes

2a. Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	40
# of units	20
# of beds	40
New effort	
# of additional persons served at a point in time that this project will provide	50
# of additional units this project will provide	20
# of additional beds this project will provide	50

3. Will this Expansion Project bring additional supportive services to homeless persons? Yes

3a. Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."

Increase number of and/or expand variety of supportive services provided	☐
Increase frequency and/or intensity of supportive services	☐

4. Will this expansion project bring existing facilities up to government health and safety standards? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.	X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

Through client centered and client directed supportive services, strong relationships with landlords and a commitment to wrap around services, we can assure that a client is quickly housed in a safe, healthy home and can remain there long term. KWA staff believes that for a victim to become a survivor, only the client knows what resources are best for her and her children. We also understand that a placement in safe housing and supportive services are not always enough for a survivor to heal. Therefore, it is imperative that KWA develops partnerships with community resources in order to best serve the survivor's immediate needs, and to continue to serve the survivor after they are housed. Using motivational interviewing techniques and trauma informed care practices, all interactions between a survivor and an advocate are client-centered and client-led. The initial meeting between the survivor and the advocate is to determine the survivor's needs, concerns and goals.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Through Pathway Home, KWA connects participants to its network of support partners, who offer a range of service. These include the following:

• Employment – Given that increasing client income is a top priority for KWA, the organization maintains several partnerships and has a multi-tiered employment strategy for clients. KWA partners with Washington Connections with the goal of increasing client income, locating employment and accessing mainstream resources, such as Basic Food Education and Training program. In

addition, KWA is East Tacoma's designated WorkSource Center, located at the Portland Avenue Community Center, which provides job training, job coaching, job search assistance, classes, and other support services. Additionally, KWA operates one of the largest home healthcare programs in Washington State, and recruits caregivers internally from its program. Caregiving provides a living wage with healthcare and retirement benefits. Not only are there no educational or experience requirements, 80 hours of paid training is provided at no cost to the employee. In addition to these elements, KWA refers to Goodwill's Job Training Center and Tacoma Community House's employment programs, and partners with local business such as Milgard and other local businesses for job placement services.

• Social Services – KWA offers social services for clients to access assistance with food, cash assistance, childcare, healthcare, long term medical care, and Medicare savings programs. Accessing these sorts of services often make an enormous impact on a participant's ability to stay stably housed and employed. In addition, KWA offer naturalization and immigration services, and partners with different education organizations. KWA partners with Tacoma Community House for GED and ESL classes,
and works closely with Tacoma Community College GED/ESL classes as well. Furthermore, KWA partners with Sound Outreach to provide financial literacy to clients, and with the Chinese Information and Service Center on a broad range of social services. Additionally, KWA has a partnership with Tacoma Pro Bono Community Lawyers for legal assistance.

• Health – KWA offers benefit enrollment services for low-income clients to obtain medical insurance. DVCE clients will be able to access this service. KWA partners with health providers such as Community Health Care and SeaMar for clients to access healthcare services. KWA also partners and refers clients to Comprehensive Life Resources, ACRS, and Greater Lakes Mental Health Counseling for mental and behavioral health counseling. Finally, KWA partners with HopeSparks Counseling Center to offer
parenting classes.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Weekly
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Bi-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		Applicant	Weekly
Legal Services		Partner	As needed
Life Skills Training		Applicant	Weekly

Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	Monthly
Utility Deposits	Applicant	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 benefits are received and renewed?	Yes
6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 20

Total Beds: 50

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	20	50

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 20

b. Beds: 50

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: 123 E 96th St

Street 2:

City: Tacoma

State: Washington

ZIP Code: 98445

***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)**

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

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	15	5	0	20

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	10	4		14
Persons ages 18-24	5	1		6
Accompanied Children under age 18	30		0	30
Unaccompanied Children under age 18			0	0
Total Persons	45	5	0	50

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			
Persons ages 18-24							5			
Children under age 18							30			
Total Persons	0	0	0	0	0	0	45	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							4			
Persons ages 18-24							1			
Total Persons	0	0	0	0	0	0	5	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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021?	Yes
2. What type of CoC funding is this project applying for in the 2019 CoC Competition?	DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year

*** 5. Select the costs for which funding is being requested:**

Rental Assistance	X
Supportive Services	X
HMIS	

6. If awarded, will this project require an initial grant term greater than 12 months?	No

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:	$204,960
Total Units:	20

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Tacoma, WA HUD Metro FMR Area (5...	20	$204,960

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: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$580	x	12		=	$0
0 Bedroom	5	x	$773	x	12		=	$46,380
1 Bedroom	15	x	$881	x	12		=	$158,580

2 Bedrooms		x	$1,145	x	12	=	$0
3 Bedrooms		x	$1,666	x	12	=	$0
4 Bedrooms		x	$2,017	x	12	=	$0
5 Bedrooms		x	$2,320	x	12	=	$0
6 Bedrooms		x	$2,622	x	12	=	$0
7 Bedrooms		x	$2,925	x	12	=	$0
8 Bedrooms		x	$3,227	x	12	=	$0
9 Bedrooms		x	$3,530	x	12	=	$0
Total Units and Annual Assistance Requested	20						$204,960
Grant Term							1 Year
Total Request for Grant Term							$204,960

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	1 FTE Housing Specialist and 0.5 FTE Manager Salary + Benefits	$92,000
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Bus tickets and gas cards for clients	$10,000
16. Utility Deposits		
17. Operating Costs	Staff space, computers, telephone, leased copier, IT support, and more	$10,000
Total Annual Assistance Requested		$112,000
Grant Term		1 Year
Total Request for Grant Term		$112,000

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$87,600
Total Value of All Commitments:	$87,600

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	ACTS- Asian Amer...	08/11/2019	$30,000
Yes	In-Kind	Private	KWA	08/11/2019	$57,600

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	In-Kind
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	ACTS- Asian American Chemical Dependency Treatment Services
5. Date of Written Commitment:	08/11/2019
6. Value of Written Commitment:	$30,000

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: (Be as specific as possible and include the office or grant program as applicable)	KWA
5. Date of Written Commitment:	08/11/2019
6. Value of Written Commitment:	$57,600

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	$204,960	1 Year	$204,960
4. Supportive Services	$112,000	1 Year	$112,000
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$316,960
8. Admin (Up to 10%)			$31,696
9. Total Assistance Plus Admin Requested			$348,656
10. Cash Match			$0
11. In-Kind Match			$87,600
12. Total Match			$87,600
13. Total Budget			$436,256

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Match Letter	09/23/2019
3) Other Attachment(s)	No	Match Letter	09/23/2019

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description: Match Letter

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	MOU	09/23/2019

Attachment Details

Document Description: MOU

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:	Bruce Dammeier
Date:	09/24/2019
Title:	County Executive
Applicant Organization:	Pierce County
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent	X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

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.

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)	09/23/2019
1E. SF-424 Compliance	09/23/2019
1F. SF-424 Declaration	09/23/2019
1G. HUD 2880	09/23/2019
1H. HUD 50070	09/23/2019
1I. Cert. Lobbying	09/23/2019
1J. SF-LLL	09/23/2019
2A. Subrecipients	09/23/2019
2B. Experience	09/23/2019
3A. Project Detail	09/23/2019
3B. Description	09/23/2019
3C. Expansion	09/24/2019
4A. Services	09/23/2019
4B. Housing Type	09/23/2019
5A. Households	09/23/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/23/2019
6E. Rental Assistance	09/23/2019
6F. Supp Srvcs Budget	09/23/2019
6I. Match	09/23/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/23/2019
7A. In-Kind MOU Attachment	09/23/2019
7D. Certification	09/23/2019

ASIAN-AMERICAN CHEMICAL DEPENDENCY TREATMENT SERVICI
Chemical Dependency & Domestic Violence Counseling Services
A State Approved Treatment Center #27145700

8811 S. Tacoma Way Ste.106, Tacoma, WA 98499
Tel: (253)302-3826 Fax: (253)267-5212

August 12, 2019

Jeff Rodgers
Pierce County Human Services – Homeless Programs
1305 Tacoma Avenue South, Ste. 104
Tacoma, WA 98402
RE: KWA CoC MOU Agreement

Dear Mr. Rodgers:

Please consider this letter as our commitment and certification for non-CoC Program funds to be used to meet the Korean Women's Association's match for the "Pathway Home" Domestic Violence Rapid Rehousing Project.

Asian Counseling Treatment Services (ACTS) certifies that it will provide in-kind services in the amount of $30,000 as a match for the "Pathway Home" CoC Project. Funds will be used to provide mental health assessment, counseling, and chemical dependency services for "Pathway Home" clients. The estimated cost of service is $250 per session, serving 10 households per month, over the period of 12 months. This match will be available December 1, 2019 through November 30, 2020.

If you have any questions, please feel free to call me at (253) 302-3826

Sincerely,

Tae Son Lee, Executive Director

Korean Women's Association
Pathway Home Expansion

KWA

KOREAN WOMEN'S ASSOCIATION
123 E. 96TH ST., TACOMA WA 98445

KWA is a multi-cultural, multi-lingual community services agency that has been helping people since 1972. kwacares.org

August 8, 2019

Jeff Rodgers
Pierce County Human Services – Homeless Programs
1305 Tacoma Avenue South, Ste. 104
Tacoma, WA 98402
RE: KWA CoC MOU Agreement

Dear Mr. Rodgers:

Please consider this letter as our commitment and certification for non-CoC Program funds to be used to meet the Korean Women's Association's match for the expansion of "Pathway Home" Domestic Violence Rapid Rehousing Project. Services will be provided by two of KWA's programs in the total amount of $57,600. This match will be available November 1, 2020 through October 30, 2021.

KWA Social Services

The Korean Women's Association's Social Services Program certifies that it will provide in-kind services in the amount of $28,800 as a match for the "Pathway Home" CoC Project. Funds will be used to provide job connection services (job searching, resume-writing, and interview preparation), benefit enrollment, and energy assistance for "Pathway Home" clients. The estimated cost of service is $120 per session, serving 20 households per month, over the period of 12 months.

KWA Care Coordination for Chronic Health

The Korean Women's Association's Care Coordination for Chronic Health Program certifies that it will provide in-kind services in the amount of $28,800 as a match for the "Pathway Home" CoC Project. Funds will be used to provide health navigation services, benefit enrollment, transportation to medical appointments, mental health and substance use treatment coordination, and medication management for "Pathway Home" clients. The estimated cost of service is $120 per session, serving 20 households per month, over the period of 12 months.

If you have any questions, please feel free to call me at 253-535-4202.

Sincerely,
Peter J. Ansara, CEO
Korean Women's Association

Continuum of Care (CoC) Program
19-002-HOMELESS-CoC
Korean Women's Association
Pathway Home
Expansion Project Application
Pierce County Human Services

Memorandum of Understanding Between
Korean Women's Association (KWA)
And
Asian American Chemical Dependency Treatment Services (ACTS)

For
Behavioral, Mental Health and Chemical Dependency Services

This Memorandum of Understanding (MOU) establishes a referral and service partnership between Korean Women's Association (KWA) and Asian American Chemical Dependency Treatment Services (ACTS).

I. MISSION

Korean Women's Association's mission is to provide multi-cultural social services to meet basic human needs through education, socialization, advocacy and support.

ACTS mission is to educate, prevent, treat, and help people who have issues and problems in their life; substance abuse, mental health, gambling problems, domestic violence (for predator), and co-occurring program.

Together, the Parties enter into this Memorandum of Understanding to mutually promote mental health counseling and associated services for low-income, DV survivors living in Pierce County. Accordingly, KWA and ACTS, operating under this MOU agree as follows:

II. PURPOSE AND SCOPE

KWA and ACTS, are forming this collaboration to increase the amount of behavioral health, mental health, and chemical dependency assistance available for DV survivors, specifically DV clients served by KWA through its domestic violence programs. Currently, many DV clients that KWA serves face behavioral health, mental health, and chemical dependency issues that jeopardize their housing, safety, and well-being. By entering into this partnership, KWA clients will successfully navigate the behavioral health system by accessing services from ACTS.

III. RESPONSIBILITIES

Each party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out this MOU. The initial appointees of each organization are:

Peter Ansara, Chief Executive Officer, Korean Women's Association, 253-535-4202, pansara@kwacares.org

Tae Son Lee, Executive Director, Asian American Chemical Dependency Treatment Services (ACTS), 253-302-3826

Korean Women's Association
Pathway Home Renewal + Expansion

The organizations agree to the following tasks for this MOU:

Korean Women's Association will:

- Provide direct referrals for KWA clients to ACTS

ACTS will:

- Provide behavioral health, mental health services, and chemical dependency services to KWA referred clients

Initially, each organization of this MOU is responsible for its own expenses related to this MOU. There will/will not be an exchange of funds between the parties for tasks associated with this MOU. Partnering organizations may seek joint funding opportunities to offset costs.

IV. TERMS OF UNDERSTANDING

The term of this MOU is for a period of one (1) year from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed at least annually to ensure that it is fulfilling its purpose and to make any necessary revisions.

Either organization may terminate this MOU upon thirty (30) days written notice without penalties or liabilities.

Authorization

The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated in the MOU. On behalf of the organization I represent, I wish to sign this MOU and contribute to its further development.

Peter Ansara — Date 6/26/19
Chief Executive Officer
Korean Women's Association

Tae Son Lee — Date 8/16/19
Executive Director
ACTS

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0421
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Pathway Home
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
17. Proposed Project	
a. Start Date:	11/01/2020
b. End Date:	10/31/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$302,440.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Pathway Home 1305 Tacoma Avenue South Tacoma Washington

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/12/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$282,440.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Gordon Thomas Honeywell
1201 Pacific Ave # 2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Gordon Thomas Honeywell
1201 Pacific Ave # 2100
Tacoma WA 98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $303,400

Organization	Type	Type	Sub-Award Amount
Korean Women's Association	M. Nonprofit with 501C3 IRS Status		$303,400

2A. Project Subrecipients Detail

a. Organization Name: Korean Women's Association

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1066806

	*** d. Organizational DUNS:**	180238727	**PLUS 4**	

e. Physical Address

Street 1: 123 E 96th Street

Street 2:

City: Tacoma

State: Washington

Zip Code: 98445

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-009, WA-008, WA-006, WA-010

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: $303,400

j. Contact Person

Prefix: Mr.

First Name: Jay

Middle Name:

Last Name: Kang

Suffix:	
Title:	Director of Operations
E-mail Address:	JKang@kwacares.org
Confirm E-mail Address:	JKang@kwacares.org
Phone Number:	253-538-8369
Extension:	
Fax Number:	

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant:	WA0421

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	Pathway Home
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	RRH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Domestic violence occurs in every community, culture and age group. It affects people from all socioeconomic, racial, ethnic, educational and religious backgrounds. Multiple national studies examining the causes of homelessness among mothers with children reveal that more than 80% had experienced domestic violence. Up to 51% of all single women surveyed reported that domestic violence was the cause of their homelessness. Based on statistics for our shelter services, we anticipate that the typical participant in this program will be female with one or more minor dependents, though the program will not be limited to women with children. Currently, the breakdown in our shelter consists of 33% multi-racial, 32% African American, 26% Caucasian, 4% Asian, 3% Pacific Islander and 2% American Indian/Alaskan Native. 21% of our clients are of Hispanic ethnicity. We anticipate similar demographics in the Rapid Rehousing program. All participants will be processed through coordinated entry, services will be coordinated with a case manager. In addition to locating an appropriate and safe living space, case managers and other KWA staff provide assistance with securing benefits like SSI/SSDI, and other social safety net services, legal advocacy, citizenship services, employment services, transportation assistance, translation services and access to a child advocate. Rental assistance is for a maximum of 12 months, with requalification to occur every 90 days. During the term of rental assistance, the participant is eligible to receive the wrap around services discussed in the application. This program will rely on service delivery from several key staff members who also provide services to our DV shelter clients. These include: a Housing Coordinator/Legal Advocate who works with every client to determine their specific housing needs and connect them with appropriate resources and provide direct referrals, when appropriate. Additionally, the shelter employs a Child Advocate, who provides individual advocacy and support groups for the minor children of shelter clients, serves as a liaison for schools, and plans weekly activities with children/youth at the shelter. We are in the process of having three staff deputized in the Coordinated Entry process. KWA will be responsible for CE assessments for domestic violence survivors in Pierce County. All KWA staff are trained and proficient in Trauma Informed Care and Motivational Interviewing. Advocates approach the survivor taking great care not to make any assumptions about what is best for the survivor, nor do they educate a survivor as to what is the "right" way. Advocates build trust and rapport with the survivor, focus on safety and empowerment, and give the survivor tools to encourage them to self-regulate stress responses and emotions. Advocates collaborate with survivors to create empowerment and speak to the survivor's strengths rather than her challenges.

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**	X
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" Yes

approach?

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		Partner	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Bi-weekly
Child Care		Subrecipient	Monthly
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Subrecipient	Quarterly
Housing Search and Counseling Services		Non-Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	Bi-weekly
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Non-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: 20

Total Beds: 40

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	20	40

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 20

b. Beds: 40

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: 123 E 96th Street

Street 2:

City: Tacoma

State: Washington

ZIP Code: 98445

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

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	15	5		20

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	10	1		11
Persons ages 18-24	5	4		9
Accompanied Children under age 18	20			20
Unaccompanied Children under age 18				0
Total Persons	35	5	0	40

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							10			
Persons ages 18-24							5			
Children under age 18							20			
Total Persons	0	0	0	0	0	0	35	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							1			
Persons ages 18-24							4			
Total Persons	0	0	0	0	0	0	5	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

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year
5. Select the costs for which funding is being requested:	
Rental Assistance	X
Supportive Services	X
HMIS	

6C. Rental Assistance Budget

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:	$211,440
Total Units:	20

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Tacoma, WA HUD Metro FMR Area (5...	20	$211,440

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

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	$580	$580	x	12		=	$0
0 Bedroom		x	$773	$773	x	12		=	$0
1 Bedroom	20	x	$881	$881	x	12		=	$211,440
2 Bedrooms		x	$1,145	$1,145	x	12		=	$0
3 Bedrooms		x	$1,666	$1,666	x	12		=	$0
4 Bedrooms		x	$2,017	$2,017	x	12		=	$0
5 Bedrooms		x	$2,320	$2,320	x	12		=	$0
6 Bedrooms		x	$2,622	$2,622	x	12		=	$0
7 Bedrooms		x	$2,925	$2,925	x	12		=	$0
8 Bedrooms		x	$3,227	$3,227	x	12		=	$0
9 Bedrooms		x	$3,530	$3,530	x	12		=	$0
Total Units and Annual Assistance Requested	20								$211,440
Grant Term									1 Year
Total Request for Grant Term									$211,440

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:	$48,000
Total Value of In-Kind Commitments:	$78,000
Total Value of All Commitments:	$126,000

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	Private	cash match	08/08/2019	$48,000
Yes	In-Kind	Private	ACTS- Asian Amer...	08/16/2019	$78,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	cash match
5. Date of Written Commitment:	08/08/2019
6. Value of Written Commitment:	$48,000

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: (Be as specific as possible and include the office or grant program as applicable)	ACTS- Asian American Chemical Dependency Treatment Services
5. Date of Written Commitment:	08/16/2019
6. Value of Written Commitment:	$78,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$211,440
3. Supportive Services	$71,000
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$282,440
7. Admin (Up to 10%)	$20,000
8. Total Assistance plus Admin Requested	$302,440
9. Cash Match	$48,000
10. In-Kind Match	$78,000
11. Total Match	$126,000
12. Total Budget	$428,440

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Match Letter	09/12/2019
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	In kind match MOU	09/12/2019

Attachment Details

Document Description: In kind match MOU

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 Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X
6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

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):

updating match, updating funding amount, funding request updated due to missing question, 6A updated- missing question

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	09/12/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/12/2019
1E. SF-424 Compliance	09/12/2019
1F. SF-424 Declaration	09/12/2019
1G. HUD-2880	09/12/2019
1H. HUD-50070	09/12/2019
1I. Cert. Lobbying	09/12/2019
1J. SF-LLL	09/12/2019
Recipient Performance	09/12/2019
Renewal Expansion	09/12/2019
Renewal Grant Consolidation	09/12/2019
2A. Subrecipients	09/12/2019
3A. Project Detail	09/12/2019
3B. Description	09/12/2019
4A. Services	09/12/2019
4B. Housing Type	09/12/2019
5A. Households	09/12/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/12/2019
6C. Rental Assistance	09/12/2019
6D. Match	09/12/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/12/2019
7A. In-Kind Match MOU Attachment	09/12/2019
7B. Certification	09/12/2019
Submission Without Changes	09/12/2019

KOREAN WOMEN'S ASSOCIATION
123 E. 96TH ST., TACOMA WA 98445

KWA is a multi-cultural, multi-lingual community services agency that has been helping people since 1972. kwacares.org

August 8, 2019

Jeff Rodgers
Pierce County Human Services – Homeless Programs
1305 Tacoma Avenue South, Ste. 104
Tacoma, WA 98402
RE: KWA CoC MOU Agreement

Dear Mr. Rodgers:

Please consider this letter as our commitment and certification for non-CoC Program funds to be used to meet the Korean Women's Association's match for the "Pathway Home" Domestic Violence Rapid Rehousing Project. Services will be provided by two of KWA's programs in the total amount of $48,000. This match will be available November 1, 2020 through October 30, 2021.

KWA Social Services

The Korean Women's Association's Social Services Program certifies that it will provide in-kind services in the amount of $24,000 as a match for the "Pathway Home" CoC Project. Funds will be used to provide job connection services (job searching, resume-writing, and interview preparation), benefit enrollment, and energy assistance for "Pathway Home" clients. The estimated cost of service is $100 per session, serving 20 households per month, over the period of 12 months.

KWA Care Coordination for Chronic Health

The Korean Women's Association's Care Coordination for Chronic Health Program certifies that it will provide in-kind services in the amount of $24,000 as a match for the "Pathway Home" CoC Project. Funds will be used to provide health navigation services, benefit enrollment, transportation to medical appointments, mental health and substance use treatment coordination, and medication management for "Pathway Home" clients. The estimated cost of service is $100 per session, serving 20 households per month, over the period of 12 months.

If you have any questions, please feel free to call me at 253-535-4202.

Sincerely,
Peter J. Ansara, CEO
Korean Women's Association

Continuum of Care (CoC) Program
19-002-HOMELESS-CoC
Korean Women's Association
Pathway Home
RENEWAL Project Application
Pierce County Human Services

ASIAN-AMERICAN CHEMICAL DEPENDENCY TREATMENT SERVICE
Chemical Dependency & Domestic Violence Counseling Services
A State Approved Treatment Center #27145700

Asian-American Chemical Dependency Treatment Services

8811 S. Tacoma Way Ste.106, Tacoma, WA 98499
Tel: (253)302-3826 Fax: (253)267-5212

August 8, 2019

Jeff Rodgers
Pierce County Human Services – Homeless Programs
1305 Tacoma Avenue South, Ste. 104
Tacoma, WA 98402
RE: KWA CoC MOU Agreement

Dear Mr. Rodgers:

Please consider this letter as our commitment and certification for non-CoC Program funds to be used to meet the Korean Women's Association's match for the "Pathway Home" Domestic Violence Rapid Rehousing Project.

Asian Counseling Treatment Services (ACTS) certifies that it will provide in-kind services in the amount of $30,000 as a match for the "Pathway Home" CoC Project. Funds will be used to provide mental health assessment, counseling, and chemical dependency services for "Pathway Home" clients. The estimated cost of service is $250 per session, serving 10 households per month, over the period of 12 months. This match will be available November 1, 2020 through October 31, 2021.

If you have any questions, please feel free to call me at 253-302-3826.

Sincerely,

Tae Son Lee, Executive Director

Continuum of Care (CoC) Program
19-002-HOMELESS-CoC
Korean Women's Association
Pathway Home
RENEWAL Project Application
Pierce County Human Services

Memorandum of Understanding Between
Korean Women's Association (KWA)
And
Asian American Chemical Dependency Treatment Services (ACTS)

For
Behavioral, Mental Health and Chemical Dependency Services

This Memorandum of Understanding (MOU) establishes a referral and service partnership between Korean Women's Association (KWA) and Asian American Chemical Dependency Treatment Services (ACTS).

I. MISSION

Korean Women's Association's mission is to provide multi-cultural social services to meet basic human needs through education, socialization, advocacy and support.

ACTS mission is to educate, prevent, treat, and help people who have issues and problems in their life; substance abuse, mental health, gambling problems, domestic violence (for predator), and co-occurring program.

Together, the Parties enter into this Memorandum of Understanding to mutually promote mental health counseling and associated services for low-income, DV survivors living in Pierce County. Accordingly, KWA and ACTS, operating under this MOU agree as follows:

II. PURPOSE AND SCOPE

KWA and ACTS, are forming this collaboration to increase the amount of behavioral health, mental health, and chemical dependency assistance available for DV survivors, specifically DV clients served by KWA through its domestic violence programs. Currently, many DV clients that KWA serves face behavioral health, mental health, and chemical dependency issues that jeopardize their housing, safety, and well-being. By entering into this partnership, KWA clients will successfully navigate the behavioral health system by accessing services from ACTS.

III. RESPONSIBILITIES

Each party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out this MOU. The initial appointees of each organization are:

Peter Ansara, Chief Executive Officer, Korean Women's Association, 253-535-4202, pansara@kwacares.org

Tae Son Lee, Executive Director, Asian American Chemical Dependency Treatment Services (ACTS), 253-302-3826

Korean Women's Association
Pathway Home Renewal + Expansion

The organizations agree to the following tasks for this MOU:

Korean Women's Association will:

- Provide direct referrals for KWA clients to ACTS

ACTS will:

- Provide behavioral health, mental health services, and chemical dependency services to KWA referred clients

Initially, each organization of this MOU is responsible for its own expenses related to this MOU. There will/will not be an exchange of funds between the parties for tasks associated with this MOU. Partnering organizations may seek joint funding opportunities to offset costs.

IV. TERMS OF UNDERSTANDING

The term of this MOU is for a period of one (1) year from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed at least annually to ensure that it is fulfilling its purpose and to make any necessary revisions.

Either organization may terminate this MOU upon thirty (30) days written notice without penalties or liabilities.

Authorization

The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated in the MOU. On behalf of the organization I represent, I wish to sign this MOU and contribute to its further development.

Peter Ansara — Date 6/26/19
Chief Executive Officer
Korean Women's Association

Tae Son Lee — Date 8/16/19
Executive Director
ACTS

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4:**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	PCAF Housing Program
16. Congressional District(s):	
a. Applicant:	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
17. Proposed Project	
a. Start Date:	11/01/2020
b. End Date:	10/31/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN): 91-6001359

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $122,269.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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 (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$122,269.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from

No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $121,953

Organization	Type	Sub-Award Amount
Pierce County AIDS Foundation	M. Nonprofit with 501C3 IRS Status	$121,953

2A. Project Subrecipients Detail

a. Organization Name: Pierce County AIDS Foundation

b. Organization Type: M. Nonprofit with 501C3 IRS Status

If "Other" specify:

c. Employer or Tax Identification Number: 91-1385245

	*** d. Organizational DUNS:**	786409813	**PLUS 4:**	

e. Physical Address

Street 1: 3009 S 40th St

Street 2:

City: Tacoma

State: Washington

Zip Code: 98409

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-007

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: $121,953

j. Contact Person

Prefix: Mr.

First Name: Erick

Middle Name:

Last Name:	Seelback
Suffix:	
Title:	Executive Director
E-mail Address:	eseelbach@pcaf-wa.org
Confirm E-mail Address:	eseelbach@pcaf-wa.org
Phone Number:	253-722-0715
Extension:	
Fax Number:	253-597-6682

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.

PCAF created the Housing Program in 1993 to meet and address the needs of our clients for safe, affordable, and accessible housing. Since that time, we have effectively utilized federal funds from the Housing Opportunities for People with AIDS (HOPWA) HUD Program as well as funds from the Washington State Department of Health (DOH). Last year, PCAF provided 129 unduplicated clients with housing services in four different counties, distributing over $280,000 in housing subsidies from HOPWA and DOH. Since 2015, PCAF has distributed over $860,000 in housing funds.

PCAF provides these services on an ongoing, as-needed basis for our clients. We work directly with clients, landlords and other property managers, DOH and HOPWA to ensure that funds are processed, submitted, and requested for reimbursement within time limitations. PCAF works one-on-one with clients to connect them to appropriate funding streams that they qualify for to maximize available funding.

Per instructions from the Department of Health and in compliance with HIPAA regulations, PCAF uses CAREWare as our database for entering high quality data into a tracking and reporting system. PCAF does not currently utilize HMIS and is not officially part of the homeless system in Pierce County, but is currently in the beginning process of creating a referral system with CE. Additional staff would make this possible.

PCAF’s housing program provides safe, affordable, decent, and accessible housing to low-income people who are living with HIV or AIDS (PLWHA), eliminating the exacerbating effects homelessness can have upon a person with a damaged immune system. The purpose of the program is to meet the housing needs of people living with HIV and reduce the negative outcomes that result from living with HIV and housing instability. PCAF provides medical case management services and resources to provide short and long term housing relief to people living with HIV or AIDS who are either homeless or at risk for homelessness.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

PCAF operates on a $3M annual budget and leverages funding through the following contracts:
•Ryan White Part B Federal as administered by the Washington State Department of Health (WA DOH) - Medical Case Management including Housing and other wrap around services

•HUD HOPWA Federal as administered by WA DOH - Housing funds
•WA DOH State General Funds - Prevention
•Local funds through City of Tacoma and City of Lakewood - Medical Case Management and administration
•Pierce County CDBG - Housing funds
•Thurston County 2163 - Housing funds

Additionally, PCAF has long-standing relationships with a variety of private funders, including: the Dawkins Charitable Trust, Bamford Foundation, Puyallup Tribe of Indians, Calamus Foundation, Gilead Sciences, Pride Foundation, Gottfried and Mary Fuchs Foundation, and many others.

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.

PCAF has approximately 30 staff engaged in 1) HIV Prevention, 2) Medical Case Management services for people living with HIV or AIDS, and 3) development and administrative support thereof. The Management Team is comprised of 6 Directors: Executive, Deputy, Client Services, Communication and Development, Finance, Prevention. The Executive Director reports to a Board of Directors.
The Board of Directors approves the agency budget annually. Financial statements are generated monthly and provided to the Finance Committee, headed by the Treasurer, for review. The Treasurer then presents the financial report to the Board of Directors at the monthly board meeting. Additionally, the Management Team quarterly reviews year to date financial status.

PCAF uses Abila MIP non-profit fund accounting software for all accounting functions except payroll, for which the organization uses PayChex. Payroll data are entered into Abila MIP via in import process. Accounts Payable are processed by the Bookkeeper on a weekly basis and checks are signed by Director level staff (excluding the Finance Director, who is not a signer on any accounts). Invoices for government contracts are prepared monthly by the Finance Director and approved by the Executive Director.
Financial records are retained in accordance with contract terms and statutory requirements.

The agency is audited annually by an independent licensed auditor. PCAF undergoes both a Financial and Single Audit. You can review that information in the 2018 Audit that is included in the proposal package.

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:	WA-503 - Tacoma, Lakewood/Pierce County CoC
1b. CoC Collaborative Applicant Name:	Pierce County
2. Project Name:	PCAF Housing Program
3. Project Status:	Standard
4. Component Type:	PH
4a. Will the PH project provide PSH or RRH?	RRH
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).	No
7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?	X

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Funding from CoC will support PCAF's Housing Program by providing rapid rehousing services to PLWHA in Pierce County. HUD recognizes PLWHA as a special population; however, PCAF does not receive any funding or assistance to be involved in the Coordinated Entry system.
Housing equals Healthcare. Research has found stable housing to be a major component in helping clients improve their health. Housing is one of PCAF's primary services for PLWH. There are four primary challenges connecting homelessness and HIV:
1) High costs of HIV healthcare and the danger of losing employment due to health- related absences can make housing unaffordable. 2) Homelessness can increase the risk of HIV due to higher rates of intravenous drug use and difficulty accessing safer sex materials. 3)Environmental conditions can exacerbate illnesses that affect PLWHA. 4) Lack of stable housing, clean water, bathrooms, and food can make it difficult for people to regularly take HIV medication. (HIV/AIDS Epidemiology Report 2018)
PCAF's Housing Program is open to PLWHA who are enrolled in case management services at PCAF. The program serves adults, young adults, children, senior citizens, families, persons with physical disabilities and mental health issues, people with substance use issues, domestic violence victims, tribal members, and veterans. Many clients are persons below 30% AMI, LGBTQ, ESL immigrants, and either homeless or at risk of homelessness.
PCAF's Housing Program currently has four service categories: TBRA, STRMU, Placement, and Motel Assistance. Funding will add 10 households for a RRH program, based on need shown by the gap of service between TBRA and STRMU. Services are provided using PCAF's case management model of services.
PCAF's Housing Supervisor and Housing Coordinator will match clients in need of housing to appropriate local resources. Currently the Client Assistance Program Coordinator (CAPC) provides clients with a print out of the Associated Ministries updated apartment list, utilizes the Homeless Coalition listserv, and attends weekly Homeless Coalition meetings. PCAF coordinates with the Rainbow Center, Community Health Clinic, MDC, Shared Housing, Catholic Community Services, organizations represented by the Continuum of Care board, and others to provide housing services. At full capacity, PCAF's housing projects will serve 140 PLWHA and distribute over $300,000 in housing subsidies. The program expansion will allow PCAF to hire a Housing Coordinator, who will enter up to date data into HMIS, provide housing intakes, and complete housing applications. Currently housing applications are completed by Medical Case Managers, who are not housing specialists. The current CAPC would transition to the Housing Supervisor. This is a similar model to Multnomah County, allowing the Medical Case Managers to better advocate for clients and triage care with the point in time application completed by the Housing Coordinator.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

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?	182			
Participant enrollment in project begins?	243			
Participants begin to occupy leased units or structure(s), and supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
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	☐	Domestic Violence	☐
Veterans	☐	Substance Abuse	☐
Youth (under 25)	☐	Mental Illness	☐
Families	☐	HIV/AIDS	X
		Other (Click 'Save' to update)	☐

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

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. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?	No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.	X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

PCAF's Housing Program is one of our many wraparound support services. Others include medical case management; mental health case management; basic needs; and care coordination for occasional assistance.

PCAF follows HUD's Fair Market Rate standard to ensure reasonable rents. We utilize housing plans and client created budgets to discuss stability and provide emergency rental assistance for eviction prevention.

PCAF confirms income qualifications, HIV status, family status, credit requirements, criminal history restrictions, access for pets, etc. to identify the best resources for each client. Examples of resources include: private landlords, Section 8 vouchers through the City of Tacoma and Pierce County, referral to Three Cedars or AHAT Homecare, and the HOPWA tenant-based rental assistance programs. HOPWA funding currently provides 18 families with subsidies. While developing housing plans, PCAF can place clients who are homeless/unstably housed in a motel.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

PCAF is the only organization in the South Sound that provides case management services specializing in HIV. However, we do partner with many other organizations to ensure that our clients' needs are being met.

For example, PCAF partners with AHAT Homecare, which provides housing for people living with HIV in Pierce County. All residents of AHAT are required to participate in HIV case management services at PCAF, and PCAF is a primary referral partner to AHAT. Case managers work with clients who are qualified applicants to complete the AHAT application. Additionally, PCAF case managers are a part of AHAT's interview process when determining eligibility of clients' application. Case managers and AHAT staff regularly consult regarding mutual clients and are part of a care team related to client's housing. At Three Cedars, medically fragile clients are provided 24/7 specialized professional care services tailored to meet clients' individual needs. AHAT's Project Open Door program consists of two separate homes for people living with HIV/AIDS who have been chronically homeless and/or diagnosed with a mental illness/chemical addiction. This program provides permanent supportive housing while teaching independent living skills.

PCAF also collaborates with Metropolitan Development Council (MDC) for behavioral health services and the Community Health Clinic for primary medical care. This collaboration has resulted in all clients being linked to care that stabilizes and maintains their health and housing.

Additionally, PCAF partners with Community Health Care Clinic to get people living with HIV into and sustained in medical care. Medical care is a part of all housing plans through
PCAF's Housing Program. Case managers work with every client to enroll them in medical care and on prescription medications to manage their HIV. At every housing check-up, clients are asked to provide information about their last medical appointment and are given the options and assistance in enrolling in medical care if they have fallen out of care. PCAF meets with Community Health Care Clinic twice a month to better serve our mutual clients. Direct service providers meet to discuss and problem solve clients that have fallen out of care or at risk of falling out of care. Furthermore, PCAF partners with CHCC and TPCHD, formalizing the business partnership in order to provide HIV care and PReP care to Pierce County.

Other examples of agencies with whom PCAF partners include Point Defiance AIDS Project, Oasis Youth Center, Rainbow Center, Harborview Madison Clinic Olympia Satellite Office, Olympia Infectious Disease Clinic, MetMeds Pharmacy, and Stonewall Youth.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	As needed
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed

Employment Assistance and Job Training	Non-Partner	As needed
Food	Applicant	Weekly
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	Quarterly
Life Skills Training	Applicant	As needed
Mental Health Services	Applicant	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?	Yes
5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?	Yes
6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 5

Total Beds: 9

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	5	9

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 5

b. Beds: 9

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 3009 S 40th St

Street 2:

City: Tacoma

State: Washington

ZIP Code: 98409

***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)**

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	3	2	0	5

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	3	2		5
Persons ages 18-24				0
Accompanied Children under age 18	4		0	4
Unaccompanied Children under age 18			0	0
Total Persons	7	2	0	9

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24					3					
Persons ages 18-24										
Children under age 18										4
Total Persons	0	0	0	0	3	0	0	0	0	4

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					
Persons ages 18-24					0					
Total Persons	0	0	0	0	2	0	0	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:

client referred through CE

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021?	Yes
2. What type of CoC funding is this project applying for in the 2019 CoC Competition?	Reallocation + CoC Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year
*** 5. Select the costs for which funding is being requested:**	
Rental Assistance	X
Supportive Services	X
HMIS	
6. If awarded, will this project require an initial grant term greater than 12 months?	No

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:	$54,288
Total Units:	5

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Tacoma, WA HUD Metro FMR Area (5...	5	$54,288

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: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO	1	x	$580	x	12		=	$6,960
0 Bedroom	1	x	$773	x	12		=	$9,276
1 Bedroom	1	x	$881	x	12		=	$10,572

2 Bedrooms	2	x	$1,145	x	12	=	$27,480
3 Bedrooms		x	$1,666	x	12	=	$0
4 Bedrooms		x	$2,017	x	12	=	$0
5 Bedrooms		x	$2,320	x	12	=	$0
6 Bedrooms		x	$2,622	x	12	=	$0
7 Bedrooms		x	$2,925	x	12	=	$0
8 Bedrooms		x	$3,227	x	12	=	$0
9 Bedrooms		x	$3,530	x	12	=	$0
Total Units and Annual Assistance Requested	5						$54,288
Grant Term							1 Year
Total Request for Grant Term							$54,288

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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	.75 FTE Housing Coordinator wages + benefits .25 FTE Housing Supervisor wages + benefits	$54,366
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs	One (1) Laptop and necessary peripherals for the new Housing Coordinator position	$2,500
Total Annual Assistance Requested		$56,866
Grant Term		1 Year
Total Request for Grant Term		$56,866

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$30,567
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$30,567

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	CDBG	08/01/2019	$12,123
Yes	Cash	Government	Thurston County 2163	08/01/2019	$10,000
Yes	Cash	Government	HOPWA	08/01/2019	$8,444

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: (Be as specific as possible and include the office or grant program as applicable)	CDBG
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$12,123

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: (Be as specific as possible and include the office or grant program as applicable)	Thurston County 2163
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$10,000

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Government
4. Name the source of the commitment: (Be as specific as possible and include the	HOPWA

office or grant program as applicable)

5. Date of Written Commitment: 08/01/2019

6. Value of Written Commitment: $8,444

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	$54,288	1 Year	$54,288
4. Supportive Services	$56,866	1 Year	$56,866
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$111,154
8. Admin (Up to 10%)			$11,115
9. Total Assistance Plus Admin Requested			$122,269
10. Cash Match			$30,567
11. In-Kind Match			$0
12. Total Match			$30,567
13. Total Budget			$152,836

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	match	09/24/2019
3) Other Attachment(s)	No	match	09/24/2019

Attachment Details

Document Description:

Attachment Details

Document Description: match

Attachment Details

Document Description: match

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: Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/20/2019
1E. SF-424 Compliance	09/20/2019
1F. SF-424 Declaration	09/20/2019
1G. HUD 2880	09/20/2019
1H. HUD 50070	09/20/2019
1I. Cert. Lobbying	09/20/2019
1J. SF-LLL	09/20/2019
2A. Subrecipients	09/20/2019
2B. Experience	09/20/2019
3A. Project Detail	09/20/2019
3B. Description	09/20/2019
3C. Expansion	09/20/2019
4A. Services	09/24/2019
4B. Housing Type	09/24/2019
5A. Households	09/24/2019
5B. Subpopulations	09/24/2019
6A. Funding Request	09/20/2019
6E. Rental Assistance	09/24/2019
6F. Supp Srvcs Budget	09/20/2019
6I. Match	09/24/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/24/2019
7D. Certification	09/20/2019

Washington State Department of Health

CONTRACT AMENDMENT

1. NAME OF CONTRACTOR **Pierce County AIDS Foundation**	2. CONTRACT NUMBER **CBO23533**
1a. ADDRESS OF CONTRACTOR (STREET) **3009 South 40th Street**	2a. AMENDMENT NUMBER **4**
1b. CITY, STATE, ZIP CODE **Tacoma, WA 98408**	

3. ☒ **THIS ITEM APPLIES ONLY TO BILATERAL AMENDMENTS.**
The Contract identified herein, including any previous amendments thereto, is hereby amended as set forth in Item 5 below by mutual consent of all parties hereto.

4. ☐ **THIS ITEM APPLIES ONLY TO UNILATERAL AMENDMENTS.**
The Contract identified herein, including any previous amendments thereto, is hereby unilaterally amended as set forth in Item 5 below pursuant to that changes and modifications clause as contained therein.

5. **DESCRIPTION OF AMENDMENT:** The purpose of this amendment is to add to the Statement of Work, to add additional funding and to extend the Period of Performance on order to continue providing assistance with the housing needs of people with HIVS/AIDS or related diseases and their families.

5a. **Statement of Work:** **Exhibit A-3** is added for the period of **July 01, 2019 through June 30, 2020,** attached hereto and incorporated herein.

5b. **Consideration:** This amendment **increases** the **Contract Consideration** by **$260,284**; therefore, the revised maximum consideration of this contract and all amendments shall not exceed **$595,620.**

Source of Funds for this Amendment: **(FED) $260,284**; (ST) $0; (Other) $0; **Total: $260,284**
Contractor agrees to comply with applicable rules and regulations associated with these funds.

5c. **Period of Performance:** is **extended**, through **June 30, 2020.**

5d. **The Effective Date of this Amendment:** is **July 01, 2019.**

6. All other terms and conditions of the original contract and any subsequent amendments thereto remain in full force and effect.

7. ☐ This is a unilateral amendment. Signature of contractor is not required below.
☒ Contractor hereby acknowledges and accepts the terms and conditions of this amendment. Signature is required below.

8. CONTRACTOR SIGNATURE Eric T Sullivan	DATE Jun 20, 2019
9. DOH CONTRACTING OFFICER SIGNATURE Jack L Webley	DATE Jun 20, 2019

This document has been approved as to form only by the Assistant Attorney General.

STATEMENT OF WORK

The purpose of this contract is to provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families.

The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the HOPWA program.

The Project Sponsor shall provide the following inputs:

- Staff who provide services described in this Agreement

The Project Sponsor shall provide the following deliverables:

- Perform prompt housing inspections.
- Make prompt rent and deposit payments to landlords and make utility payments to utility companies.
- Develop housing plans for clients receiving housing assistance (STRMU, TBRA, Housing Placement and Facility Based Housing) and update housing plans at least annually.
- Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.
- Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services, expect in July, when it is due on the 10th of the month.
- Submission of Consolidated Annual Performance Report (CAPER) by August 10.
- Submission of Monitor responses by the due date requested.
- Sub recipient shall submit requested patient data information via DOH HIV Care & Presentation Resource Network (HC&PRN) known as PROVIDE.

Grantee shall comply with the following performance measures:

- Service is restricted to households with at least one person who has HIV/AIDS and whose total household income is less than 80% of the Area Median Income (AMI) as defined by HUD.

Payment to grantee: The grantee will be reimbursed the amount for payments listed on the monthly invoice voucher upon receipt and approval of the required reports submitted by the due dates listed.

These payments are subject to the following:

- If required reports are not submitted in a timely manner, Washington State Department of Health may delay payment until the reports are received, or recapture unclaimed funds.

Exhibit A-3 Statement of Work
DOH Contract CBO23533-4
Pierce County AIDS Foundation
July 01, 2019 through June 30, 2020

BUDGET

Expense Category	Award
Administration	$17,028
Supportive Services	$31,200
STRMU	$26,179
Tenant Based Rental Assistance	$162,517
Permanent Housing Placement	$23,360
Leasing Transitional Short-Term Facilities	$0
Housing Information Services	$0
TOTAL	**$260,284**

ALL OTHER TERMS AND CONDITIONS OF THIS CONTRACT INCLUDING ANY AMENDMENTS REMAIN IN FULL FORCE AND EFFECT.

Exhibit A-3 Statement of Work
DOH Contract CBO23533-4
Pierce County AIDS Foundation
July 01, 2019 through June 30, 2020

SPECIAL REQUIREMENTS

COMPENSATION AND PAYMENT

i) Funds provided in the Budget are for services provided during the period July 01, 2019 – June 30, 2020. The contractor shall submit all claims for payment for costs due and payable under this contract incurred during this period by **July 25, 2020**. Washington State Department of Health will pay belated claims at its discretion, contingent upon the availability of funds.

ii) The contractor agrees to reimburse DOH for expenditures billed to the Washington State Department of Health for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

iii) **Submission of Invoice Vouchers** – On a monthly basis, the contractor shall submit correct A19-1A invoice vouchers amounts billable to Washington State Department of Health under this contract.

Month of A19-1A Invoice	A19-1A Invoice Due Date
July 1-31, 2019	August 25, 2019
August 1-31, 2019	September 25, 2019
September 1-30, 2019	October 25, , 2019
October 1-31, 2019	November 25, 2019
November 1-30, 2019	December 25, 2019
December 1-31, 2019	January 31, 2020
January 1-31, 2020	February 25, 2020
February 1-29, 2020	March 25, 2020
March 1-31, 2020	April 25, 2020
April 1-30, 2020	May 25, 2020
May 1-31, 2020	June 25, 2020
June 1-30, 2020	July 25, 2020

(1) The contractor shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19 invoice voucher requests to DOH.

iv) **Advance Payments Prohibited** Funds are "cost reimbursement" funds. Washington State Department of Health will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of "one-twelfth" of the current fiscal year's funding.

E-mail invoices to: ID.Operations@doh.wa.gov

Contract Modifications:

(1) **Notice of Change in Services** – Pierce County AIDS Foundation shall notify DOH program staff, within 45 days, if any situations arise that may impede provision of the services contained in the Statement of Work. DOH and the Pierce County AIDS Foundation will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of noncompliance.

(2) **Transfer of Funds among Budget Categories** – The contractor may transfer contracted funds identified in Exhibit B among direct expense categories, EXCEPT equipment, as long as the amount of the **cumulative** transfer does not exceed ten percent of the total contracted funds for the fiscal year and does not change the Statement of Work.

(3) **Unilateral Amendment** – The DOH Contracting Officer may unilaterally amend the contract in order to (a) correct a clerical error or (b) add emergency care or special purchase funds such as those earmarked for specific equipment purchases, or to meet the changing or emergent service needs of the community.

The contractor shall be notified fourteen (14) days in advance of the effective date.

(4) **Other Contract Amendment, by Letter of Authority** – Changes in this contract may be made without the DOH Contracting Officer's approval, provided that DOH program staff and the Pierce County AIDS Foundation approve a written Letter of Authority specifying the changes, AND

(a) The total maximum consideration for the contract is not increased or decreased as a result of the change,
(b) The change results in an off-setting transfer of funds between expenditure categories, and
(c) The Statement of Work does not change.

(5) **Contract Amendments – Effective Date** – Pierce County AIDS Foundation shall not begin providing the services authorized by a contract amendment until such time as the contactor has received a signed, fully executed copy of the contract amendment from DOH.

Confidentiality Requirements:

Pierce County AIDS Foundation must preserve the confidentiality of the clients they serve pursuant to the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW). Failure to maintain client confidentially could result in civil or legal litigation against employees or agencies per the WAC and RCW.

Category One: **Contractors that keep confidential and identifiable records including medical diagnosis and lab slips.**

If your agency fits this definition, you must comply with federal and state requirements regarding the confidentiality of client records.* Proof of the contractor meeting these requirements may be requested during a site visit or audit. To meet the requirements the contractor must have the following

in place:

- Clearly written agency policies regarding confidentiality and security of records;
- Appropriate physical and electronic security measures to prevent unauthorized disclosures;
- Signed statements of confidentiality and security for the staff member hired under this agreement who has access to sensitive information, either through access to files or through direct contact with clients. This statement will be on file at the Pierce County AIDS Foundation's office and updated yearly; and
- Appropriate confidentiality training provided to the staff member hired under this agreement with records of attendance.

Technical assistance is available through the Washington State Department of Health.

*Disclosure of information is governed by the Washington Administrative Code (WAC) 246-101-120, 520 and 635, and the Revised Code of Washington (RCW) 70.24.080, 70.24.084, and 70.24.105 regarding the exchange of medical information among health care providers related to HIV/AIDS or STD diagnosis and treatment. Please note that contractors fit under the definition of "health care providers" and "individuals with knowledge of a person with a reportable disease or condition" in the WAC and RCW.

Exhibit A-3 Statement of Work
DOH Contract CBO23533-4
Pierce County AIDS Foundation
July 01, 2019 through June 30, 2020

Federal Grant Information Sheet

Subrecipient/Contractor	Pierce County AIDS Foundation	DOH Contract Manager	Contact Information
Contract #	CBO23533-4	Deborah Green	236-3441
DUNS #	786109813	Approved Indirect Rate	
Period of performance	07/01/19 - 06/30/20	Yes	
Project Description	To provide States and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the supportive housing needs of low-income persons and their families living with HIV/AIDS in order to prevent homelessness and sustain housing stability for HOPWA program beneficiaries.		

Federal Award Identification Number	Federal Award Date	Federal Agency Name	Total Amount off the Federal Award to DOH	CFDA Number	CFDA Program Title	Name of Pass Through Agency	Amount of Federal Funds Obligated by This Action	Total Amount of Federal Funds Obligated for This Funding Source	Research and Development	Limiting Indirect Cost Rate
WA-H170032-02	6/21/18	US Department of Housing and Urban Development	$1,301,664	14.241	Housing Opportunities for Persons with AIDS	Washington State Department of Health	$260,284	$260,284	No	Yes
							$260,284	$260,284		

Certifications and Assurances – all requirements imposed on the subrecipient by the federal awarding agency: The contract boilerplate covers all standard certifications and assurances.

Are there any additional requirements imposed by the pass through entity (DOH) to meet its own responsibilities to the awarding agency : ☐ Yes ☒ No

If applicable, this is identified by the DOH program staff writing the contract. This can also be found in the "Statement of Work" section of the contract.

All subrecipients are required to make their accounting records available and accessible to the awarding agency. You can find this requirement in the "Records Maintenance" section of the contract.

Closeout Requirement:(1) submit all final billings within 60 days of the end of the contract (This is required per standard contract language)(4) additional DOH program specific contract closeout requirements: (If applicable, see SOW for additional closeout requirements)

CBO23533-4 Pierce County AIDS Foundation - DOH Contract Amendment

Final Audit Report 2019-06-20

Created:	2019-06-20
By:	MITCH PARIS (Mitchell.Paris@DOH.WA.GOV)
Status:	Signed
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"CBO23533-4 Pierce County AIDS Foundation - DOH Contract Amendment" History

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2019-06-20 - 10:46:33 PM GMT

Adobe Sign

Title:	**Housing Options**
Start Date:	**July 1, 2018**
End Date:	**June 30, 2019**
Fiscal Year:	**FY2018**
Contract Amt:	**$12,431.00**
Bond Amt:	**$3,108.00**
Subrecipient:	**Pierce County AIDS Foundation**
Contact:	**Chris Barrans**
Telephone:	**(253) 383-2565**
CFDA #:	**14.218**
Contract #:	**SC-106279**

PIERCE COUNTY HUMAN SERVICES

Agreement

This contractual agreement, referred to as this "Agreement", is comprised of these General Terms and Conditions, any attached Exhibits, and subsequent Amendments. The Agreement is a contract between PIERCE COUNTY, subsequently referred to as the "County", and Pierce County AIDS Foundation, subsequently referred to as the "Subrecipient". The Subrecipient agrees to the terms and conditions set forth in this Agreement, including the following Exhibits:

Exhibit A Applicable Definitions
Exhibit B Scope of Work
Exhibit C Compensation and Financial Requirements

1. **PERIOD OF PERFORMANCE**

The period of performance for this Agreement begins **July 1, 2018 and ends June 30, 2019**. The County reserves the right to extend this Agreement for additional periods. The decision to extend this Agreement is subject to the availability of funding, the continued priority of need for a specific service, and satisfactory performance by the Subrecipient during the period specified in this Agreement. Notification of intent to contract for additional periods with the Subrecipient will occur prior to the expiration of this Agreement.

2. **CONSIDERATION**

The maximum consideration for this Agreement shall not exceed **twelve thousand, four hundred thirty-one and 00/100 dollars ($12,431.00)**.

3. **SCOPE OF WORK AND REIMBURSEMENT**

A. The Subrecipient agrees to provide those services set out in the exhibits.

B. The County agrees to pay the Subrecipient for services outlined in Exhibit B, Scope of Work, and in accordance with Exhibit C, Compensation and Financial Requirements. Payment by the County is subject to receipt of such funds by the County from the funding source.

C. Total funds provided under this Agreement cannot be modified and administrative costs cannot be increased without the express prior written approval of the County.

D. The County's payment options for Subrecipients includes electronic payments via Automated Clearing House (ACH). The ACH payment is a safe and efficient electronic payment option that credits the Subrecipient's bank account directly and provides for an increase in efficiency for both the Subrecipient and the County. In order to participate in the ACH option, the

Subrecipient is required to complete the County's ACH Vendor Payment Enrollment form and W-9. Each form must be completed in their entirety by the Subrecipient and returned to: Pierce County Finance, 950 Fawcett Avenue ATTN: Accounts Payable 3rd Floor, Tacoma, WA 98405. Enrollment forms are available upon request by e-mailing PCAccountsPayable@co.pierce.wa.us. Once enrolled, the ACH payment process will remain in effect for the Subrecipient until such time as the County receives written notice of revocation from the Subrecipient.

4. FUTURE NON-ALLOCATION OF FUNDS

Notwithstanding any other terms of this Agreement, if sufficient funds are not appropriated or allocated for payment under this Agreement for any future fiscal period, the County will not be obligated to make payment for services or amounts after the end of the fiscal period through which funds have been appropriated and allocated, unless authorized by county ordinance. No penalty or expense shall accrue to the County in the event this provision applies.

5. AMENDMENTS

A. All Amendments to this Agreement shall be in writing and approved by the County.

B. No Amendments to this Agreement shall be implemented without prior written approval by the County.

C. Changes to the general Scope of Work to be performed under this Agreement or to any other provisions of this Agreement shall be made by written Amendment.

6. INSURANCE AND BOND

A. Throughout the life of this Agreement and any Amendments, the Subrecipient and, if applicable, its consultants or subcontractors, shall carry Commercial General Liability Insurance, Commercial General Automobile Liability Insurance, Professional Liability Coverage, and other coverage as may be appropriate.

B. Pierce County shall be named as an additional insured on all required policies except Professional Liability Insurance for services performed under this Agreement. The Subrecipient insurance is considered the primary source of coverage.

C. The Subrecipient shall not begin work under this Agreement until all insurance documentation required in this section has been obtained and approved by the County Risk Management and Insurance Department. The Subrecipient shall provide a Certificate of Insurance executed by an authorized insurance agent indicating the coverage below:

Commercial General Automobile Liability	Bodily Injury Liability and Property Damage Liability Insurance $1,000,000.00 each occurrence with no greater than a $1,000.00 deductible.
Commercial General Liability	Bodily Injury Liability and Property Damage Liability Insurance $1,000,000.00 each occurrence OR combined single limit coverage of $2,000,000.00, with no greater than a $1,000.00 deductible.
Professional Liability Insurance, if applicable	Shall include errors and omissions insurance providing $1,000,000.00 coverage with not greater

than a $5,000.00 deductible for all liability which may be incurred during the life of this Agreement.

The Professional Liability Insurance requirements are ☐ or are not ☒ applicable to this Agreement.

D. In the event of non-renewal, cancellation, or material change in the coverage provided, thirty (30) calendar days' written notice shall be furnished to the County prior to the date of non-renewal, cancellation, or material change. Such notice must be sent to the Pierce County Risk Management Department, 955 Tacoma Avenue South, Room 303, Tacoma, WA 98402.

E. The County has no obligation to report occurrences unless a claim is filed with the Pierce County Risk Management Department, and the County has no obligation to pay the Subrecipient insurance premiums.

F. The Subrecipient shall maintain through the life of this Agreement, a separate fidelity or faithful performance bond payable to "Pierce County", or obtain blanket employee dishonesty coverage as part of their Commercial General Liability insurance policy, in the minimum amount of **three thousand, one hundred eight and 00/100 dollars ($3,108.00)**. The bond or insurance shall be conditioned upon the Subrecipient faithfully accounting for all funds received by the Subrecipient under this Agreement, including subsequent amendments, and further assuring that such funds are used only for the purposes of this Agreement. The County shall request in writing any increases in the amount of the bond or insurance coverage and the Subrecipient shall comply within fifteen (15) calendar days of receipt of the written notice.

7. DEFEND, HOLD HARMLESS AND INDEMNIFY

A. The Subrecipient, and its officers, agents, employees, subcontractors, and/or consultants, agree to defend, indemnify and save harmless Pierce County and its appointed and elective officers and employees, from and against all loss or expense including, but not limited to, judgments, settlements, attorney's fees and costs by reason of any and all claims and demands upon the County, and its elected or appointed officials or employees, for damages because of personal or bodily injury, including death, at any time resulting therefrom, sustained by any person or persons, or on account of damage to property, including loss of use thereof, whether such injury to persons or damage to property is due to the negligence of the Subrecipient, its officers, agents, employees, subcontractors, and/or consultants, successor or assigns, or the County, or its appointed or elected officers, employees or agents, except only such injury or damage as shall have been occasioned by the sole negligence of the County, or its appointed or elected officials or employees.

B. The preceding paragraph is valid and enforceable only to the extent of the Subrecipient's negligence where the damages arise out of services or work in connection with or collateral to, a contract or agreement relative to construction, alteration, repair, addition to, subtraction from, improvement to, or maintenance of, any building, highway, road, railroad, excavation, or other structure, project, development, or improvement attached to real estate, including moving and demolition in connection therewith, a contract or agreement for architectural, landscape architectural, engineering, or land surveying services, or a motor carrier transportation contract and where the damages are caused by or result from the concurrent negligence of (i) the County or its agents or employees, and (ii) the Subrecipient or the Subrecipient's agents or employees.

C. With respect to the performance of this Agreement and as to claims against the County, its

officers, agents and employees, the Subrecipient expressly waives its immunity under Title 51 of the Revised Code of Washington, the Industrial Insurance Act, for injuries to its employees and agrees that the obligations to indemnify, defend and hold harmless provided in this Agreement extend to any claim brought by or on behalf of any employee of the Subrecipient. This waiver is mutually negotiated by the parties to this Agreement.

D. In addition to any other remedy authorized by law, the County may retain so much of the money otherwise due the Subrecipient as deemed necessary by the County to ensure indemnification until disposition has been made of such suits or claims subject to the provisions of this section.

E. It is further provided that no liability shall attach to the County by reason of entering into this contract, except as expressly provided herein.

F. Capital Projects

1. The Subrecipient shall bear sole responsibility for damage to completed portions of the project and to property located off the project caused by erosion, siltation, run-off, or other related items arising during construction of the project.

2. The Subrecipient shall also bear sole responsibility for any pollution of rivers, streams, ground water, or other waters which may occur as a result of construction operations.

3. The Subrecipient shall exercise all necessary precautions throughout the life of the project to prevent pollution, erosion, siltation, and damage to property.

8. NON-DISCRIMINATION IN EMPLOYMENT AND CLIENT SERVICES

A. During the performance of this Agreement, the Subrecipient shall comply with federal, state, and local laws including, but not limited to:

1. Section 703, Titles VI and VII of the Civil Rights Act of 1964 [42 U.S.C. 2000d and e], the Civil Rights Act of 1991 [42 U.S.C. 1981],

2. The Americans with Disabilities Act of 1990 (ADA) [42 U.S.C. 12101 *et seq.*],

3. Sections 503 and 504 of the Rehabilitation Act of 1973 [29 U.S.C. 793 and 794], the Age Discrimination in Employment Act of 1967 [29 U.S.C. 621],

4. The Age Discrimination Act of 1975 [42 U.S.C. 6102],

5. The Vietnam Era Veterans Readjustment Assistance Act of 1974 [38 U.S.C. 2011],

6. Any relevant Executive Order (E.O.) issued by the President of the United States,

7. The Washington State Law Against Discrimination [Chapter 49.60 RCW], and

8. Any related provisions of the Code of Federal Regulations (CFR), Washington Administrative Code (WAC) and Revised Code of Washington (RCW), or any subsequent amendments to these provisions.

B. Requirements of the County's Non-discrimination Plan are incorporated by reference to this Agreement and include, but are not limited to paragraphs listed below.

C. The Subrecipient shall not discriminate against any employee or applicant for employment, nor conduct any unlawful employment practices because of race, color, religion, creed, national origin, sex, sexual orientation, age, marital status, veteran status, or the presence of any sensory, mental, or physical disability, or the use of a trained guide dog or service animal by a disabled person. This requirement does not apply, however, to a religious corporation, association, or educational institution with respect to the employment of individuals of a particular religion to perform work connected with the operation of such corporation, association, or educational institution, in pursuit of its activities.

D. The Subrecipient will, in all solicitations or advertisements for employees placed by or on behalf of the Subrecipient, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, creed, national origin, sex, sexual orientation, age, marital status, veteran status, or the presence of any sensory, mental, or physical disability, genetic information, or the use of a trained guide dog or service animal by a disabled person. For newspaper advertisements, the Subrecipient may state that the Subrecipient is an Equal Opportunity Employer, instead of using the longer qualification.

E. The Subrecipient will not, on the basis of race, color, religion, creed, national origin, sex, age, disability, sexual orientation, marital status, or veteran status:

1. Deny an eligible individual any services or other benefits provided under this Agreement or any subcontracts awarded pursuant to this Agreement;

2. Provide any services or other benefits to an individual which are different, or are provided in a different manner from those provided to others under this Agreement or any subcontracts awarded pursuant to this Agreement;

3. Subject an individual to unlawful segregation or separate treatment, or unlawful discriminatory treatment in any manner related to the receipt of any services and/or the use of the Subrecipient's facilities, or other benefits provided under this Agreement; nor

4. Deny any individual an opportunity to participate in any service provided by this Agreement, or afford an opportunity to do so which is different from that afforded others under this Agreement. In determining: (i) the types of service or the benefits to be provided; (ii) the class of individuals to whom, or the situation in which, such services or other benefits will be provided; or (iii) the class of individuals to be afforded an opportunity to participate in any service or other benefits; the Subrecipient will not utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, religion, creed, national origin, sex, sexual orientation, age, marital status, veteran status, or the presence of any sensory, mental, or physical disability, or the use of a trained guide dog or service animal by a disabled person.

F. As required by Title III of the ADA regarding places of public accommodation, the Subrecipient will ensure equal opportunity for individuals with disabilities to receive services. The Subrecipient will make reasonable modifications to policies, practices, and procedures that deny equal access to individuals with disabilities.

9. RELIGIOUS ACTIVITIES

In accordance with the First Amendment of the United States Constitution and with Article 1, Section 11 of the Washington State Constitution, as a general rule, funds received under this Agreement may not be used for religious activities. The following restrictions and limitations apply to the use of funds provided by Pierce County under this Agreement:

A. The Subrecipient may not engage in inherently religious activities, such as worship, religious instruction, or proselytization as part of the services funded under this Agreement;

B. The Subrecipient may engage in inherently religious activities, but such activities must be separated in time or place from the services provided to beneficiaries under this Agreement and participation in such activities by individuals to receive services under this Agreement must be voluntary.

In performing under this Agreement, the Subrecipient shall not discriminate against an individual beneficiary or a prospective beneficiary of services under this Agreement on the basis of religion or religious belief.

10. DRUG-FREE WORKPLACE

The Subrecipient shall maintain a written drug-free workplace policy, notifying employees that the possession or use of a controlled substance is prohibited in the workplace, and specifying the actions which will be taken against employees for any violation of the policy. The policy shall be developed and prominently posted as soon as practically possible, but no later than sixty (60) calendar days after the effective date of this Agreement.

11. PAYMENT OF TAXES

As a condition of performance of this Agreement, the Subrecipient shall pay all federal, state, and local taxes incurred by the Subrecipient and shall require their payment by any subcontractor or any other person in the performance of this Agreement. Satisfactory performance of this section is a condition precedent to payment by the County under this Agreement.

12. RELATIONSHIP, ASSIGNABILITY, AND SEVERABILITY

The Subrecipient, its employees, agents, consultants, or subcontractors performing work under this Agreement are independent Subrecipients and are not employees or agents of the County in any manner whatsoever. The Subrecipient, its employees, agents, consultants, or subcontractors will not hold itself out as, nor claim to be, an officer or employee of the County for any reason, and will not make any claim, demand, or application to or for any right, privilege, or benefit applicable to an officer or employee of the County including, but not limited to Worker's Compensation coverage, Unemployment Insurance, Social Security, retirement membership or credit, health care, or vacation or sick leave benefits.

The performance of all or part of this Agreement by the Subrecipient shall not operate to vest any employment rights whatsoever and shall not be deemed to guarantee any employment of the Subrecipient or any employee of the Subrecipient or any subcontractor or any employee of any subcontractor by the County at the present time or in the future.

The Subrecipient shall not assign any interest in this Agreement and shall not transfer any interest in the Agreement to any person without prior written approval by the County. If any provision of this Agreement, or portion thereof, is found to be invalid, the remainder of this Agreement shall not be

affected, providing the remainder continues to conform to applicable federal, state, and local laws and regulations.

13. **AUDITS**

The Subrecipient shall submit to the County's fiscal representative an independent audit engagement letter and other reports as follows:

A. Subrecipients that are required to have a single audit must submit a copy of the independent auditor engagement letter to the County once this Agreement has been executed.

B. Federal Funds Requirements – Title 2 Code of Federal Regulations (CFR) Chapter 2 Part 200. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards for audits require Non-profit and governmental Sub-recipients expending $750,000 or more in a fiscal year in federal funds from all sources, direct and indirect, are required to have an audit conducted in accordance with Title 2 CFR Subtitle A Chapter 2 Part 200 Subpart F "Audit Requirements". The Subrecipient is to provide the auditor with a schedule of Federal Expenditure for the fiscal year(s) being audited.

C. When state funds are also to be paid under this Agreement a Schedule of State Financial Assistance must also be included.

D. When the Subrecipient is a state or local government entity, the Office of the State Auditor shall conduct the audit. Audits of non-profit organizations are to be conducted by a certified public accountant selected by the Subrecipient in accordance with Part 200.509 of the 2 CFR Chapter 2 Subpart F "Auditor Selection".

E. The Subrecipient shall include the above audit requirements in any subcontracts.

F. Inform the County's fiscal representative in advance of the date and time of the independent auditor's exit interview with the Subrecipient so that a County representative can be present if the County so desires.

G. Submit the independent Certified Public Accountant (CPA's) auditor's financial statement report, the single audit reports and the management letter ("collectively referred to as "reports") to the County within thirty (30) calendar days following the issuance of such reports.

H. Provide comments on any findings and recommendations in the reports, including a plan for corrective action for any findings.

I. The working papers of the reports must be available to the County.

In the event the Subrecipient's independent auditor does not provide the assurances necessary to satisfy federal and/or state audit requirements, the County retains the right to request a full audit and the Subrecipient will be responsible for any and all costs incurred in order to provide the required audit and assurances.

The reports will be submitted to the County's fiscal representative annually if the Subrecipient receives an annual audit due to requirements other than stated in this Agreement.

For Subrecipients who are not required to obtain a single audit, the County, at its discretion, may require the Subrecipient to obtain an independent review or an independent audit, at the Subrecipient's expense, conducted by an independent CPA. A single audit requirement may also

apply. See Exhibit C, Compensation and Financial Requirements.

14. **RECORDS AND REPORTS**

A. The Subrecipient shall retain all books, records (including medical and treatment records), documents, reports, and other data relevant to this Agreement, for a minimum of six (6) years after expiration or termination of this Agreement, unless longer and otherwise provided or required by law. If any audit, claim, litigation, or other legal action involving the records is started before applicable retention dates expire, the records shall be maintained until completion and resolution of all issues arising therefrom or until the end of applicable retention dates, whichever is later.

B. An adequate audit trail shall be maintained. All transactions are to be clearly documented. The documentation is to be readily available for examination.

C. The Subrecipient shall clearly separate allowable costs from unallowable costs, in accordance with the regulations and restrictions normally associated with federal programs including 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and other such uniform administrative requirements for grants-in-aid now in effect or which hereafter may be made applicable by local, state, or federal laws or regulations. All of the above are incorporated in this Agreement by reference.

D. The Subrecipient shall maintain written policy and procedural manuals for all services, information systems, personnel, and accounting/finance in sufficient detail such that operations can continue should staff changes or absences occur.

1. The Subrecipient must establish and maintain an accounting system which adequately and separately identifies all funding sources and all application of funds associated with providing the required services including, but not limited to, local, state, and federal grants, fees, donations, federal funds, and all other funds, public or private. All costs incurred by the Subrecipient must be accurately identified and recorded even when no revenue is received for services. This accounting system provides the means to gather fiscal data necessary to determine: a) the cost of a unit of service; b) the bid price; and c) if funds were generated in excess of allowable costs.

2. These records shall contain information pertaining to projects, contracts, grants, or sub-grant awards, and all authorizations, obligations, non-obligated balances, assets, outlays, liabilities, expenditures, and revenue.

3. The Subrecipient shall maintain all books, records, documents, reports, and other evidence of accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in performance of this Agreement. Subrecipients shall maintain their fiscal books, records, documents, and other data in a manner consistent with generally accepted accounting principles.

E. All records required to be maintained by this Agreement or by state and federal regulations, except for exempt medical and treatment records, are public records and shall be maintained and released, when requested, in accordance with applicable laws.

15. **RIGHT TO INSPECTION AND USE OF MATERIALS**

A. County representatives, the State Auditor, and officials of the federal government shall have the right to review and monitor the financial and service components of this Agreement. The

County's review will occur with reasonable notice, and will include, but is not limited to, on-site inspection by County agents or employees, and inspection of all records or other materials which the County deems pertinent to performance, compliance, or quality assurance in conjunction with this Agreement.

B. During the term of this Agreement and for one (1) calendar year following termination or expiration of this Agreement, the Subrecipient shall, upon receiving reasonable notice, provide the County with access to its place of business and to its records that are relevant to compliance with this Agreement.

C. The County may duplicate, use, and disclose in any manner, for any purpose whatsoever and authorize others to so do, all material created under this Agreement and paid for by the County.

16. DEBARMENT

The Subrecipient shall assure that, its officers, agents, subcontractors, and consultants shall not fund, contract with, or engage the services of any consultant, subcontractor, supplier, or other party who is debarred, suspended, or otherwise ineligible to receive funds.

The Subrecipient certifies that the Subrecipient is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in the Agreement by any federal department or agency. If requested by the County, the Subrecipient shall complete a Certification Debarment, Suspension, Ineligibility, and Voluntary Exclusion form.

17. RESOLUTION OF DISPUTES

A. A Subrecipient with a complaint involving this Agreement is encouraged to first attempt to resolve the matter with the County informally by communicating by telephone or electronic mail with the appropriate County representative or by meeting with that individual in person. The County representative must send written notification to the Subrecipient, specifying the response to the complaint and the date the informal dispute resolution process concluded. If the informal dispute resolution process is unsatisfactory and the Subrecipient elects to register a formal complaint, a Subrecipient shall submit a detailed written description of the issues which form the basis of the complaint to the Program Manager at Human Services, 1305 Tacoma Avenue South, Suite 104, Tacoma, WA 98402. The Subrecipient's written complaint must be received by the County within thirty (30) calendar days of the date that the informal dispute resolution process concluded.

B. Upon receipt of a formal written complaint, the Program Manager or designee will send a written confirmation to the Subrecipient acknowledging receipt of the complaint within five (5) working days. The Program Manager or designee shall also contact the Subrecipient to establish a meeting to discuss and seek agreement and resolution of the formal complaint. The meeting shall be held within fifteen (15) working days of receipt of the written complaint. The manager shall issue a written decision regarding the Subrecipient's formal complaint no later than fifteen (15) working days following completion of the meeting.

C. If agreement and resolution are not reached and the Subrecipient elects to pursue the complaint further, the Subrecipient may, within five (5) working days after receipt of the Manager's written decision, file a written appeal to the Director of Pierce County Human Services at the address listed in this Agreement. The appeal must state all facts and arguments upon which the appeal is based. The Director or designee will render a written decision within fifteen (15) working days following completion of the meeting.

D. The Subrecipient may appeal an adverse decision of the Director of Pierce County Human Services to the Pierce County Executive, 930 Tacoma Avenue South, Room 737, Tacoma, WA 98402. The appeal must be received in writing by the Pierce County Executive within five (5) working days of the Subrecipient's receipt of the Director's decision. Upon receipt of a formal written appeal, the Pierce County Executive or designee will schedule a meeting with the Subrecipient within fifteen (15) working days of receipt of the appeal. The Pierce County Executive or designee will issue a written decision within fifteen (15) working days following completion of the meeting.

E. In the event that any subsequent litigation should arise concerning this Agreement, the venue of such litigation shall be in the courts of Pierce County. This Agreement shall be governed by the laws of the State of Washington.

F. All mailings by and to the County required in this section of the Agreement shall be by certified mail with return receipt requested to the Subrecipient's address of record.

18. SUSPENSION, TERMINATION, AND CLOSEOUT

A. For Convenience – Either the Subrecipient or the County may terminate this Agreement for convenience or without cause by providing written notice at least sixty (60) calendar days prior to the effective date of the termination. If this Agreement is so terminated, the County and Subrecipient shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

B. For Cause – The County may, upon written notice to the Subrecipient, immediately suspend or terminate this Agreement in whole or in part, or withhold any payment of funds in whole or in part, when the County determines, in its sole discretion, that continuation of the Agreement is detrimental to the County's interest, including, without limitation, the occurrence of any one (1) or more of the following:

1. Expected or actual funding from the state, federal government, or other source(s) is withdrawn, reduced, or limited in any manner after the effective date of this Agreement and prior to its normal completion; or

2. Performance of this Agreement is rendered unfeasible or impossible for any reason; or

3. Subrecipient fails to comply with any of the terms or conditions of this Agreement or when the Subrecipient fails to substantiate Subrecipient's compliance with this Agreement when requested to do so by the County; or

4. Subrecipient uses Agreement funds ineffectively, improperly, or illegally; or

5. Subrecipient provides materials, information, reports, or documentation which are incomplete, incorrect, or false, either knowingly or negligently; or

6. Subrecipient fails to provide services, information, reports, or documentation required by this Agreement in a timely and reasonable manner; or

7. Subrecipient fails to resolve in a timely fashion audit findings associated with this Agreement which could materially impact performance of this Agreement; or

8. Subrecipient is unable to carry out the terms and conditions of this Agreement in

compliance with applicable local, state, or federal law; or

9. The health, welfare, or safety of clients or patients associated with this Agreement is at risk by actions or inaction of the Subrecipient; or

10. Any illegal act by the Subrecipient.

C. The County's forgiveness of the Subrecipient's nonperformance of any provision of this Agreement in one (1) instance does not constitute a waiver of any provision of this Agreement, nor of future nonperformance of the same provision.

D. If the Subrecipient receives a notice of termination from the County for either convenience or cause or issues a notice of termination to the County, the Subrecipient shall:

1. Stop work on the date and to the extent specified;

2. Place no further orders or agreements for goods, services, or facilities to complete the work now terminated;

3. Assign to the County all of the Subrecipient's rights, title, and interest under the orders and agreements placed by the Subrecipient to complete the work now terminated;

4. Deliver or convey title to:

a) Any property produced by the work terminated;

b) Any usable personal property in which the County has a secured interest;

c) Any usable property carried on the County's inventory; or

d) Any real property in which the County, or any entity named by the County, has a secured interest; and

e) Send a final billing for the work now terminated to the County within thirty (30) calendar days of the date of termination.

E. If the County receives a notice of termination from the Subrecipient, or if the County issues a notice of termination to the Subrecipient, the County:

1. Will arrange to take delivery of property or the right, title, or interest of real property conveyed by the Subrecipient in conjunction with this Agreement; and

2. Will make final payment upon receipt of final billings for all authorized services, if the Subrecipient has provided documentation that the County's interests are fully protected.

F. The rights and remedies provided to the County and the Subrecipient in this section are in addition to any other rights and remedies provided by law or under this Agreement. Termination of this Agreement by the County at any time during the term of the Agreement shall not constitute a breach of contract by the County. The Subrecipient may request a reconsideration of the County's decision to terminate this Agreement in accordance with Resolution of Disputes Section listed above.

19. LOBBYING CERTIFICATION

The Subrecipient certifies that, to the best of its knowledge and belief:

A. No appropriated funds have been paid, or will be paid by, or on behalf of the Subrecipient, or officers or employees, to any person for influencing, or attempting to influence an officer or employee of any governmental 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 contract, the making of any grant, the making of any loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any contract, grant, loan or cooperative agreement.

B. If 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 governmental agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federally funded agreement, the Subrecipient shall complete and submit to the County, a federal Standard Form-LLL, "Disclosure Form To Report Lobbying" in accordance with its directions. The form is available from the County on request.

C. The Subrecipient shall require that the language of this certification be included in all agreements issued to their subcontractors, and that all recipients certify and disclose accordingly.

D. For federally funded Agreements, 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, and 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.

20. GENERAL COMPLIANCE

Subrecipients with contracts in excess of $25,000 and with a Contract duration of longer than one hundred twenty (120) calendar days that are not specifically exempted under PCC 2.106.022, shall enroll in the Federal E-Verify Program. The requirement extends to every subcontractor meeting the same criteria. The Subrecipient must provide certification of enrollment in the Federal E-Verify program to the County before execution of this Agreement. The Subrecipient will remain enrolled in the program for the duration of this Agreement. The Subrecipient is responsible for verification of every applicable subcontractor. The County reserves the right to require a copy of the Memorandum of Understanding between the Subrecipient or any Subcontractor and the Department of Homeland Security upon request at any time during the term of this Agreement. Failure to provide this document may result in termination of this Agreement.

21. SURVIVABILITY

The terms and conditions contained in the Agreement that by their sense and context are intended to survive the expiration of this Agreement shall so survive. Surviving terms include, but are not limited to: Client Confidentiality/Disclosure of Information, Resolution of Disputes, Defend, Hold Harmless and Indemnification, Right to Inspection, Records and Reports, and Treatment of Assets.

22. PROPRIETARY SOFTWARE APPLICATIONS

In the event that the Subrecipient accesses the County's proprietary software applications to perform

any work under this Agreement, the Subrecipient shall read and agree to the terms and conditions of the software license agreement, and shall not violate the terms and conditions of the software license agreement including, but not limited to:

A. The use of the software application shall be restricted to employees or subcontractors;

B. The Subrecipient shall not "pirate" or reverse engineer the software application; and/or

C. Otherwise use the application in any way that may harm the County.

23. LICENSING AND ACCREDITATION STANDARDS

The Subrecipient agrees to comply with all applicable local, state, and federal licensing standards, all applicable accrediting or certification standards, and any other standards or criteria established by the County to ensure quality of services, and to supply proof of said compliance upon demand.

24. TREATMENT OF SUBRECIPIENT ASSETS

A. Title to all property furnished by the regulating authority shall remain with the regulating authority; and title to all property furnished by the County shall remain with the County.

B. The Subrecipient shall obtain prior written approval by the County when purchasing non-expendable personal property if the cost of the personal property is to be reimbursed as a direct item of cost under this Agreement. This approval may be accomplished by inclusion in the Agreement Budget.

C. Title of all non-expendable personal property purchased by the Subrecipient, the cost of which the Subrecipient is reimbursed as a direct item of cost under this Agreement, shall pass to and vest in the County upon acceptance of such property by the Subrecipient.

D. Non-expendable personal property purchased by the Subrecipient under the terms of this Agreement, in which title is vested in the County, shall not be rented, loaned, or otherwise passed to any person, partnership, corporation, association, or organization without the prior express written approval of the County.

E. Any non-expendable personal property furnished to, or purchased by, the Subrecipient, title to which is vested in the County shall, unless otherwise provided herein or approved by the County, be used only for the performance of this Agreement.

F. As a precedent to reimbursement for the purchase of non-expendable personal property, title to which shall be vested in the County, the Subrecipient agrees to provide all necessary information and documents in order for the County to execute such security agreements and other documents as shall be necessary for the County to protect its interest in such property in accordance with the Uniform Commercial Code as codified in Title 62A RCW.

G. The Subrecipient will furnish to the County by the fifteenth (15th) day of October, unless otherwise stated, an inventory of any and all property purchased with funds provided by the County for use under the terms of this Agreement. The inventory list shall include all non-expendable personal property, including small and attractive items, purchased with funds provided by the County under the terms of this Agreement. For the purposes of this clause, conducting and providing an inventory consists of sighting, tagging or marking, describing, recording, and reporting the property involved.

H. The Subrecipient shall be responsible for any loss or damage to property of the County, including all expenses resulting from such loss or damage, which results from negligence, willful misconduct, or lack of good faith on the part of the Subrecipient, or which results from the failure on the part of the Subrecipient to maintain and administer the property in accordance with sound management practices. Furthermore, the Subrecipient shall ensure that all County property in its possession, when returned to the County, shall be in a like condition to that in which it was when furnished to the Subrecipient or the condition in which the property was when acquired by the Subrecipient through purchase, except that in all cases, reasonable wear and tear shall be allowed.

I. Within three (3) calendar days of discovery of loss or destruction of or damage to County property, the Subrecipient shall notify the County in writing and include appropriate documentation (i.e., police, fire, or accident reports). The Subrecipient shall take all reasonable steps to protect that property from further damage.

J. Within five (5) working days after termination, or completion of this Agreement, unless otherwise mutually agreed in writing between the Subrecipient and the County, the Subrecipient shall surrender to the County all property of the County.

K. The County may, at its discretion, abandon in place any property in which title is vested in the County under the terms of this Agreement insofar as permitted by law, rule, or regulation.

L. Non-expendable personal property acquired by the Subrecipient, the cost of which is reimbursed by the County or the Subrecipient with funds provided through this Agreement, shall be subject to the same constraints, procedures, treatment, handling, disposition, and other matters as specified above. The Subrecipient shall take all steps necessary to ensure that the interest of the County in such property shall be protected and safeguarded.

M. The Subrecipient will maintain property record cards and property identification tabs as may be directed by the County. This applies only to property purchased with federal, state, and/or County funds specifically designated for such purchase.

Exhibit A
Applicable Definitions

Many terms used throughout this Agreement are defined in Title 388 Washington Administrative Code (WAC), as subsequently amended, and have the meanings indicated in that title. Additionally, the following terms shall have the following definitions:

"Acquisition Cost" shall mean that amount expended for property, excluding interest, plus, in the case of property acquired with a trade-in, the book value (acquisition cost less amount depreciated through the date of trade-in) of the property traded in. Non-expendable personal property, the value of which was expended when acquired, has a book value of zero (0) when traded in.

"Agreement" shall mean the Basic Agreement and any Statements of Work and Exhibits that are attached to and incorporated by reference to the Basic Agreement.

"BARS" shall mean Budget, Accounting, and Reporting System for counties, cities, and other local governments.

"Business Entity" shall mean any person, or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit with the County. The term business entity shall include, but not be limited to partnerships, corporations, Subrecipients, and subcontractors doing business with the County.

"Client", "Consumer", "Participant", "Patient", or "Recipient" shall mean any individual applying for or receiving services under this Agreement.

"CFR" shall mean Code of Federal Regulations. All references in this Agreement to CFR chapters or sections shall include any successor, amended, or replacement regulation. The CFR may be accessed at http://www.ecfr.gov

"Contract" shall mean the Basic Agreement and any Statements of Work and Exhibits that are attached to and incorporated by reference to the Basic Agreement.

"Contract Budget" shall mean the budget incorporated in this Agreement, identifying a plan for the expenditure of contracted funds.

"Contractor" for purposes of E-Verify, PCC 2.106.022 and 2.106.025, shall mean a person, employer or business entity that enters into a contract or an agreement with the County to perform any service or work, or to provide a certain product in exchange for valuable consideration. For purposes of PCC 2.106.022 and 2.106.025, the term Contractor shall **not** include government agencies; legal, architectural and engineering service providers; those whose contracts would be exempt from competitive bidding under PCC 2.106.060 B; those whose contracts issue under PCC 2.106.070, those whose supplies and services are purchased under PCC 2.106.410; regulated providers of insurance, bonding, banking, or investment services; or public utilities.

"Cost Reimbursement" shall mean that payment to the Subrecipient is based upon the actual reimbursable costs incurred under this Agreement.

"Cost Related" shall mean a cost analyzed payment structure. Contractual payments for cost related awards shall be made on an interim monthly basis. The monthly payment amounts are determined by the following calculation: total amount of allocation/total number of months in the contract period. Pierce County expects the Subrecipient to incur costs throughout the contract period to at least equal the allocation. At the end of each quarter, if actual expenditures made by the Subrecipient are significantly less than the monthly

payments they received, the County may identify this as an overpayment and request recovery of the excess funds. The final payment under a cost related award must be reconciled to actual expenditures.

"Debarment" shall means an action taken by a federal official to exclude a person or business entity from participating in transactions involving certain federal funds.

"Earned Income" shall mean any gross income earned by the Subrecipient or a Subcontractor from contract supported activities. Revenue received from DSHS, either directly or through the County, is not earned income. Earned income shall exclude interest earned and may include, but will not be limited to, income from service fees, sale of commodities, usage fees, and royalties on patents and copyrights.

"E-Verify", PCC 2.106.022 and 2.106.025, shall mean the electronic verification of work authorization program of the Illegal Immigration Reform and Immigration Responsibility Act of 1996, Pub. L. No. 104-208, Division C, Title IVY s. 403(a), as amended, and operated by the United States Department of Homeland Security, or a successor electronic verification of work authorization program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work authorization status of newly hired employees pursuant to the Immigration Reform and Control Act of 1986, Pub. L. No. 99-603.

"Fee for Service" shall mean paying the Subrecipient a negotiated fixed rate, based upon performance of a defined unit of service.

"Financial Statement" shall mean a combined report, or separate reports, of financial information prepared by the Subrecipient's accountant that identifies the Subrecipient's financial position, operating results, and other pertinent information. The reporting period of the document(s) shall correspond with the Subrecipient's calendar or fiscal year.

"Independent Auditor" shall mean either a certified public accounting firm or a certified public accountant.

"Information Technology (IT) Purchases" include, but are not limited to, computers, software, desk telephones, and cellular telephones, but do not include keyboards and mouse.

"Managed Care" shall mean various strategies that seek to optimize the value of provided services by controlling their utilization and cost, promoting their quality, and measuring performance to ensure cost-effective outcomes while utilizing methodologies established by the County.

"Medicaid Consumer" shall mean an individual who is eligible for Medicaid services, as shown on their medical identification card.

"Medicare Consumer" shall mean an individual who is eligible for Medicare services.

"Non-expendable Personal Property" shall mean tangible personal property having a useful life of more than one (1) year and an acquisition cost of $5,000.00 or more per unit, unless a greater amount is specified in an Appendix or Work Order.

"PCC" shall mean Pierce County Code.

"Personal Information" shall mean any information identifiable to any person, including, but not limited to information that relates to a person's name, health, finances, education, business, use or receipt of governmental services or other activities addresses, telephone numbers social security numbers, driver license numbers, background check results, other identifying numbers, and any financial identifiers.

"Personal Property" shall mean property of any kind, including small and attractive items and IT equipment, except real property.

"Price Related" shall mean a price-analyzed payment structure in which payments are either made as a lump sum, or made at a rate-per-unit basis, and without consideration of the Subrecipient's actual or anticipated costs.

"Program Income" shall mean any gross income earned by the Subrecipient or a Subcontractor from contract supported activities. Revenue received from DSHS, either directly or through the County, is not earned income. Earned income shall exclude interest earned and may include, but will not be limited to, income from service fees, sale of commodities, usage fees, and royalties on patents and copyrights.

"RCW" shall mean the Revised Code of Washington. All references in this Agreement to RCW chapters or sections shall include any successor, amended, or replacement statute. The RCW can be accessed at http://apps.leg.wa.gov/RCW/

"Real Property" shall mean any interest in land.

"Regulating Authority" shall mean any federal, state county or local entity which has the ability to enforce laws regulations or requirements upon the Subrecipient.

"Small and Attractive Items" shall mean those items with a value of $300.00 or more that are particularly vulnerable to loss. Examples of these items include, but are not limited to, communication equipment, cameras, IT accessory equipment such as scanners, office equipment, televisions, cellular telephones, and VCRs.

"Subcontract" shall mean any agreement between the Subrecipient and a Subcontractor or between a Subcontractor and another Subcontractor that is related to this Agreement, provided that the Subcontract does not include the purchase of supplies or support services that do not directly affect the funded services. The terms Subcontract and Subcontracts shall mean Subcontract(s) in any tier.

"Subcontractor" shall mean any person, partnership, corporation, association, or organization, not in the employment of the Subrecipient, who is performing part of the contract or Subcontract from a Subcontractor. The terms Subcontractor and Subcontractors shall mean Subcontractor(s) in any tier.

"Subrecipient" shall mean a non-federal entity that expends federal awards received from a pass-through entity to carry out a federal program, but does not include an individual that is a beneficiary of such a program. A Subrecipient may also be a recipient of other federal awards directly from a federal awarding agency.

"Useful Life" of non-expendable personal property shall mean that useful service life as based upon the United States Department of Treasury, Internal Revenue Service, policies on depreciation for tax purposes, unless the Subrecipient or Subcontractor documents in writing some different period that the County agrees to in writing.

"Unauthorized Alien" shall mean a person who is unauthorized to be lawfully employed in the United States, pursuant to 8 U.S.C. § 1324a(h)(3). The County shall not conclude that a person is an unauthorized alien unless and until an authorized representative of the County has verified with the federal government, pursuant to 8 U.S.C. § 1373(c), that the person is an unauthorized alien.

"Unit Cost Rate" shall mean a payment mechanism where reimbursable costs incurred in a prior period, divided by the units of service delivered in the prior period and multiplied by the units identified in the current period, determines the total amount paid.

"Vendor" shall mean a dealer, distributor, merchant, or other seller providing goods or services that are required for the conduct of a federal program. These goods or services may be for an organization's own use

or for the use of beneficiaries of the federal program.

"WAC" shall mean the Washington Administrative Code. All references in this Agreement to WAC chapters or sections shall include any successor, amended, or replacement regulation. The WAC can be accessed at http://apps.leg.wa.gov/wac/

"Washington State Department of Social and Health Services" shall be referred to as DSHS.

"Work Order" shall mean a document attached to and incorporated by reference to the Basic Agreement which states the goods, services, and/or benefits to be delivered, and any other terms and conditions that apply to the work.

Exhibit B
Scope of Work

This Agreement is between the County and the Subrecipient for the project identified as **Housing Options**. Pierce County is the pass-through entity for this federally funded project through the Community Development Block Grant ("CDBG") B-18-UC-53-0002, August 22, 2018, from the U.S. Department of Housing and Urban Development (HUD), CFDA number 14.218. The award is non-research and development. The Pierce County contact for this agreement is Nicholas Nyland: (253) 798-3797, Nicholas.Nyland@piercecountywa.gov.

1. **SCOPE**

The intent of this Agreement is to provide safe, affordable, decent, and accessible housing to low-income people who are living with HIV or AIDS, and to minimize the exacerbating effects homelessness can have upon a person with a damaged immune system, as described in the Subrecipient's application for funding received in response to NOFA 17-001-CDBG-PS18. The purpose of the program is to meet the housing needs of people living with HIV and reduce the negative outcomes that result from living with HIV and housing instability. The program staff will provide case management services and resources to provide short and long term housing relief to people living with HIV or AIDS who are either homeless or at risk for homelessness.

A. The Subrecipient will serve clients residing in either unincorporated Pierce County and/or the Pierce County Consortium of Cities and Towns (listed below).

Pierce County Consortium of Cities and Towns

City of DuPont	City of Buckley	City of University Place
Town of Carbonado	City of Fife	Town of Eatonville
City of Edgewood	City of Milton	City of Fircrest
City of Gig Harbor	City of Roy	City of Orting
City of Puyallup	City of Sumner	Town of Ruston
Town of South Prairie	Town of Wilkeson	Town of Steilacoom

B. Funding cannot be applied to clients that reside in the cities of Auburn, Bonney Lake, Enumclaw, Lakewood, Pacific, or Tacoma. Projects located in these cities must benefit Consortium residents proportionate to funding.

C. Funding from this Agreement will provide partial financial support as described in Exhibit C Compensation and Financial Requirements for the above referenced project.

D. Clients may request services at **3009 S 40th St, Tacoma, WA 98409,** during regular business hours.

To accomplish the intent of this Agreement, the Subrecipient shall comply with all noted regulations, requirements, and conditions of the Agreement.

2. **CLIENT ELIGIBILITY**

570.208(a)(2)(a), Low-income presumed; persons living with HIV/AIDS:

A. Clients funded under this agreement will principally benefit low-income individuals. The activity will meet the HUD national objective for Public Service 570.201(e) under the national objective criteria of Low-income Presumed Benefit 570.208(a)(2)(A):

Agencies must maintain program documentation showing that the activity is limited to the presumed benefit group: person living with HIV/AIDS. Unless specific evidence is provided to the contrary, the activity beneficiaries shall be presumed to automatically qualify as low-income individuals and individual client records will be maintained to document that this project will serve exclusively person living with HIV/AIDS, to be reported as below fifty percent (50%) Area Median Income.

3. EVIDENCE OF CONTRACT PERFORMANCE AND COMPLIANCE

A. Quarterly Milestones: Expected unduplicated persons served by quarter for the first (1st) time since July 1, 2018.

Quarterly Milestones	1st Quarter JUL – SEPT 2018	2nd Quarter OCT – DEC 2018	3rd Quarter JAN – MAR 2019	4th Quarter APR – JUN 2019	Total in Year
No. of unduplicated persons assisted	1	2	2	2	7

B. Units of Service: The Subrecipient agrees to report on the following units of service by quarter:

Units of Service (Duplicated)	1st Quarter JUL – SEPT 2018	2nd Quarter OCT – DEC 2018	3rd Quarter JAN – MAR 2019	4th Quarter APR – JUN 2019	Total in Year
Contacts provided to clients who have secured housing or were provided housing related assistance	10	20	20	20	70

Definition of Units of Service above: (example – bed nights: counted as each individual staying one night in shelter.)

C. Performance Measure: Outcomes are listed below as goals for a positive shift in a client's condition, and indicators are tracked for success or achievement of these outcomes. The outcomes and their indicators are as follows:

Outcome to be reported: Obtains/maintains housing.
Measurable Indicator:
A. Number still permanently housed after 3 months.
B. Number still permanently housed after 6 months.

4. PROJECT IMPLEMENTATION AND PROGRESS

Failure to lawfully plan, administer, and implement the project or to demonstrate substantial progress within ninety (90) days of the effective date of this Agreement, shall cause the County to re-evaluate the need for and methods of the project. The result of such re-evaluation may necessitate restructuring of the scope, redefinition of milestones and/or units of service or termination of the Agreement for lack of need, ineffective or improper use of funds, and/or failure to implement the project in a timely and reasonable manner.

5. RECORDKEEPING AND REPORTING

A. In accordance with 24 CFR 570.503 (b)(2), the Subrecipient shall submit Quarterly Progress Reports by the tenth (10th) of the month following the end of each quarter, or ten (10) days after the fully signed agreement has been emailed to the Subrecipient, whichever is later throughout the term of the Agreement, and maintain these records for six (6) years after the term of the Agreement. This report includes information gathered from the public beneficiaries of these funds, which determines their income status for eligibility confirmation, as well as their racial and ethnic origin for the term of the Agreement. This form will be made available to the Subrecipient via email.

B. The Subrecipient will be provided the Pierce County Outcome Report form for this Agreement. The form is for reporting Performance Measures as agreed to for the period of July 1 – June 30th and will be submitted no later than July 31st following the end of Subrecipient's contract period. The Performance Measures records should be maintained for a minimum of six (6) years after the term of the Agreement.

C. The Subrecipient shall complete reports and provide information as required by the County to demonstrate compliance with regulations, goals, and objectives.

D. The Subrecipient shall provide information required to complete the HUD Annual Action Plan and Consolidated Annual Performance Evaluation Report (CAPER) and other reports as may be required.

E. To meet the requirements of Section 504 of the Rehabilitation Act of 1973 pertaining to program accessibility for persons with disabilities, and implementing HUD regulations, each Subrecipient is required to assess its capability for compliance therewith, and for compliance with the Americans with Disabilities Act of 1990. Each Subrecipient is required to complete, and submit for review with the signed Agreement, a Section 504 self-evaluation checklist, and such of its attachments as may be appropriate.

6. CLIENT ASSETS AND RECORDS

Except as otherwise provided by court order the Subrecipient shall ensure that any client shall have unrestricted access to his or her personal property. The Subrecipient shall not interfere with the client's ownership, possession, or use of such property. Upon termination of the agreement, the Subrecipient shall immediately release to the client all of the client's personal property.

The Subrecipient shall maintain all project records required by applicable federal, state and county regulations, which are incorporated herein by reference. The public, County representatives, the State Auditor, and officials of the federal government shall be granted reasonable access to all "public records" associated with this Agreement for up to six (6) years following the termination or expiration of this Agreement.

The Subrecipient shall maintain records and files for this project containing the following items:

A. Notice of Grant Award.

B. Motions, resolutions, or minutes documenting Board or Council actions.

C. A copy of this Scope and the County's notice to proceed on this project.

D. Correspondence regarding budget revision requests.

E. Copies of all invoices and reports submitted to the County for this project.

F. Copies of approved invoices and warrants.

G. Records documenting that costs reimbursed with funding provided under this Scope are allowable in accordance with 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. (Formerly OMB Circular A-21 for educational institutions, Circular A-87 for local governments and A-122 for nonprofit organizations.) Such records include, but are not limited to:

1. Personnel costs, payroll time sheets for actual salary and fringe benefit costs. Time sheets must be signed by a supervisor and annotated to document percent of time charged against this project. Direct salaries and wages of employees chargeable to more than one grant program or other cost objective(s) must be supported by time distribution records. Timesheets should contain an after the fact determination of the actual activity of each employee and be annotated to document the time charged to the project if daily hours being paid for by the respective CDBG award are not noted.

2. Staff travel, documentation of mileage charges for private auto use must include: a) destination and starting location, and b) purpose of trip; and

3. Copy machine use, postage, telephone use, and office supplies when these costs are shared with other programs and no invoice is available, log sheets or annotated invoices.

H. Documentation of the solicitation process used to select vendors and subcontractors with original purchase orders and subcontracts.

I. Documentation required by this Agreement if any funds provided under this Agreement are used to acquire equipment.

J. Documentation of client income including the income limits applied and the point in time when the benefit was determined, demographics and eligibility as required in the Exhibit B – Scope of Work.

7. PROCUREMENT AND SUBCONTRACTS

The Subrecipient may, upon the County's prior review and specific written approval of the contract instrument, enter into any contract or procurement action authorized or necessary for the successful completion of this Agreement (other than contracts for incidental procurements not directly related to the accomplishment of the project which do not require County approval). All procurement actions and contracts other than incidental procurements shall be structured in accordance with applicable state and federal law relating to contracting by public agencies.

8. CONFLICT OF INTEREST AND CODE OF CONDUCT

The Subrecipient covenants that no person who presently exercises any functions or responsibilities in connection with the Community Development Block Grant (CDBG) Program has any personal financial interest, direct or indirect, in this Agreement. The Subrecipient further covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in

any manner or degree with the performance of its services hereunder. The Subrecipient further covenants that in the performance of this Agreement, no person having any conflicting interest will be employed. Any interest on the part of the Subrecipient or its employees must be disclosed to the County.

No officer, employee or agent of the Subrecipient shall participate in the selection, award, or administration of activity funded in whole or in part with CDBG funds if a conflict of interest, real or apparent, would exist, nor shall their families, or those with whom they have business ties, so benefit.

In addition to the above, no official, employee or agent of any federal, state or local government for the area in which the project is located, nor members of their families, nor those with whom they have business ties, have or acquire any interest, direct or indirect, in any contract or subcontract or its proceeds for work accomplished in support of this Agreement, nor shall they have or acquire any interest, direct or indirect, in the project area which would conflict in any manner or degree with the project.

9. PROPERTY, MATERIALS AND OPERATING SUPPLIES

A. No real property shall be acquired, constructed, renovated, modified or otherwise affected by this project.

B. Non-expendable equipment, materials, operating supplies and other assets other than real property, purchased in whole or in part with CDBG funds, whose per unit fair market value (or total value for supplies) at the time of completion of use is in excess of $5,000, are the property of the Block Grant program and are to be utilized, maintained, inventoried, controlled and disposed of pursuant to applicable federal regulations.

C. The Subrecipient shall be responsible for loss or damage to all equipment, materials, operating supplies and other assets in its care and, after completion of use, shall return all such equipment, materials and assets to the County for disposition within thirty (30) days following completion of the project(s), unless otherwise specified.

D. If such equipment, materials, operating supplies or other assets are partially funded from other sources, the County shall share any funds received as a result of said disposition, at a percentage of value received equal to the percentage of the original costs provided by the individual funding sources.

E. Any equipment, materials, operating supplies and other assets with per unit fair market value (or total value for supplies) at the time of completion of use of less than $5,000, may be retained or disposed of by the Subrecipient. The County retains no financial interest in these items.

Note: Any assets whose fair market value is in question should be referred to the County for decision before any disposition action is taken by the Subrecipient.

10. RELIGIOUS ACTIVITY

The First Amendment to the Constitution of the United States of America prohibits Congress from enacting any laws respecting the establishment of religion. Subsequent interpretations have resulted in a policy of separation of church and state. To ensure compliance with that constitutional prohibition, regulations have been established for the Community Development Block Grant Program addressing involvement with religious organizations. For reference, see 24CFR 570.200(j).

11. COMPLIANCE WITH LOCAL AND FEDERAL REGULATIONS

The Subrecipient, its consultants, and contractors shall comply with all applicable local, state and federal laws and regulations, whenever and wherever they are applicable, including those listed below. The Subrecipient, its consultants, and contractors shall timely obtain all permits and approvals necessary to lawfully implement the project.

The Subrecipient, its consultants, and contractors shall include in all contracts, subcontracts and purchase orders for this project the following list of laws and regulations and shall require compliance with such laws and requirements:

A. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) relating to non-discrimination in performance of the project and to the benefits deriving from it as implemented by HUD regulation 24 CFR 570.601(a)(1).

B. Title VIII of the Civil Rights Act of 1968 (P.L. 90-284) as amended, relating to non-discrimination in housing as implemented by HUD regulation 24 CFR 570.601(a)(2).

C. Executive Order 11063 relating to non-discrimination in housing as amended by Executive Order 12259 and as implemented by HUD regulation 24 CFR 570.601(b).

D. Section 109 of the Housing and Community Development Act of 1974 as amended, dealing with non-discrimination in program benefits because of race, religion, color, national origin, sex, age (Age Discrimination Act) or disability (Section 504) as implemented by HUD regulation 24 CFR 570.602 and the Americans with Disabilities Act (ADA) requirements as implemented by HUD regulation 24 CFR 570.614(b).

E. Executive Order 11246, as amended by Executive Orders 11375, 11478, 12086, and 12107 dealing with non-discrimination in employment (Equal Employment Opportunity) based on race, color, religion, sex, sexual orientation, gender identity, or national origin; and, Executive Order 13279 (Equal Protection of the Laws for Faith-Based and Community Organizations) as implemented by HUD regulation 24 CFR 570.607(a).

F. The regulations, policies, guidelines and uniform administrative requirements of 2 CFR 200 (formerly OMB Circulars A-21, A-87, A-110, A-122 and A-128) as they relate to the acceptance and use of Federal funds as implemented by HUD regulation 24 CFR 570.610 as applicable per § 570.502 (Applicability of uniform administrative requirements).

G. Executive Orders 11625, 12138 and 12432, dealing with the use of minority and women owned business enterprises as implemented by HUD regulation 24 CFR 85.36(e).

H. The Subrecipient agrees that no funds provided, nor personnel employed under this Agreement, shall be in any way or to any extent engaged in the conduct of political activities in violation of Chapter 15 of Title V of the U.S.C..

I. HUD Regulations for implementing the Community Development Block Grant Program contained in 24 CFR 570.

J. The Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282).

K. The Drug-Free Workplace Act of 1988 (41 U.S.C. 701 et seq., as amended) and regulations set forth at 24 CFR part 21.

L. The Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Chapter 63: Sec 4821–4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. Chapter 63A 4851–4856), and implementing regulations at 24 CFR part 35, subparts A (Disclosure requirements), B (General requirements and definitions), J (Rehabilitation), K (Acquisition, Leasing, Support Services, or Operation), and R (Methods and Standards for Lead-Paint Hazard Evaluation Reduction Activities) implemented by 24 CFR 570 Subpart K – Other Program Requirements (Sections 608 Lead-based paint) apply to activities under this program.

Note: Copies of applicable laws and regulations are available upon request from the Human Services, Community Services Programs. A listing of these applicable laws and regulations are to be incorporated in each contract, subcontract and consultant agreement issued by Subrecipient or its contractors.

12. COUNTY MONITORING/ASSESSMENT PROCEDURES

A. The County will conduct monitoring and performance assessments of all services provided under this Agreement, in the manner and at reasonable times, with reasonable notice, as the County considers appropriate.

B. Monitoring and assessment activities include, but are not limited to, review of service and financial reports, including all books, records, documents, and other data, facilities, activities, and on-site visits by County staff or their designee, state, or federal representatives.

C. Unless the County elects to terminate this Agreement for cause, when findings from monitoring efforts or audits show that there are apparent violations of the terms or conditions of this Agreement, the Subrecipient and the County shall negotiate a mutually agreeable plan of action to address the identified problem. If the parties are unable to come to agreement, the Subrecipient may file a complaint, as specified in this Agreement.

Exhibit C

Compensation and Financial Requirements

1. COMPENSATION

In consideration of the mutual promises given and the benefit to be derived from this Agreement, the County agrees to provide CDBG funds in the amount of **twelve thousand, four hundred thirty-one and 00/100 dollars, ($12,431.00)** to accomplish the scope of services described in Exhibit B – Scope of Work. The project budget and financial requirements are provided below.

Budget Summary
Pierce County AIDS Foundation
Housing Options
IDIS Project # 2018/8 IDIS Activity # 3136

	COUNTY FUNDS	OTHER FUNDS						TOTAL ALL FUNDS
Description	**CDBG Funds**	**State**	**Program Income**	**In-Kind**	**Donations**	**Federal**	**Other (identify Source):**	
Salaries, Wages & Personnel Benefits	$11,301	$55,109	$	$	$	$27,983	$	$94,393
Office & Operating Supplies	$	$	$	$	$	$	$	$
Small Tools/Minor Equipment	$	$	$	$	$	$	$	$
Professional Services (**Specify below**)	$	$	$	$	$	$	$	$
Communications	$	$	$	$	$	$	$	$
Travel & Training	$	$500	$	$	$	$	$	$500
Advertising	$	$	$	$	$	$	$	$
Rentals		$	$	$	$	$	$	$
Insurance	$	$	$	$	$	$	$	$
Public Utilities	$	$	$	$	$	$	$	$
Repairs and Maintenance		$	$	$	$	$	$	$
Machinery & Equipment		$	$	$	$	$	$	$
Facility Costs	$	$	$	$	$	$	$	$
Other (**Specify below**)	$1,130	$65,378	$	$	$	$358,332	$	$424,839
GRAND TOTAL	**$12,431**	**$120,987**	**$**	**$**	**$**	**$386,315**	**$**	**$519,732**

Specify costs to be paid from CDBG funds for Professional Services and Other: De minimis indirect costs calculated as up to 10% of direct costs.

Specify the staff positions that will be paid from the CDBG funds Salaries & Wages and/or Benefits for time and effort on the funded program: Housing Options Program Manager.

2. FINANCIAL REQUIREMENTS

A. Applicable Regulations and Restrictions

It is understood that where applicable, CDBG funds provided by this Agreement and program income generated by the project are federal funds administered by the County and are subject to those regulations and restrictions normally associated with federal programs including: 2 CFR 200, Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards (formerly OMB Circular A-21, A-87, A-102, A-110, A-122 and A-133), and other such uniform administrative requirements for grants-in-aid now in effect or which hereafter may be made applicable by local, state or federal laws or regulations. All of the above are incorporated in this Agreement by reference.

B. Audit requirements of the main contract, identified as Section 12 Audits must be adhered to by Subrecipients. Subrecipients who are required to obtain a single or program-specific audit (formerly an A-133 audit) must meet the requirements of 2 CFR 200.500-507. Audits and/or reviewed financial statement must be submitted to the County within thirty (30) calendar days of issuance. The review must be conducted in accordance with the Statements and Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants for non-profits or the Government Auditing Standards issued by the Comptroller General of the United States for government entities.

C. Approved Uses, Grant Funds

It is expressly understood that CDBG funds may only be used for costs included in the attached approved project budget, and may not be used for the general administration or operation of the Subrecipient, and may not replace non-federal funds in any jointly funded project.

D. Changes and Modifications

1. Either party may amend this agreement per the requirements of Section 5.A. Amendments of this Agreement. A formal written and approved contract amendment for major changes is required. Major changes are those: that impact the scope of work beyond minor budget and/or service adjustments that: increase or decrease the contract amount, add new line items to the approved Budget Summary, extend the time of performance, or make other regulatory changes. Proposed amendments must be submitted in writing (letter or email) by the Subrecipient, including an explanation for the requested change. If approved, an amendment will be processed for signature by both parties. Once the Subrecipient receives the fully executed amendment, billings may be submitted using the amended Budget Summary.

2. Minor budget and/or service adjustments include:

   a) A transfer from one (1) or more line item(s) not exceeding ten percent (10%) of the existing line item in Budget Summary (Exhibit C), is allowed with a corresponding decrease in another line item(s). Such a transfer may not increase the total contract amount. The request and approval of such transfers may be communicated via email.

b) A written letter of agreement may be used to communicate minor changes that exceed ten percent (10%). Minor changes include line item adjustments to the contract budget or modifications to the day to day operating structure for services provided that do not impact the total contract amount. The letter of agreement must be signed by County Staff and the authorized signer of the agreement.

E. Inappropriate Funds Obligation

1. CDBG funds shall not be obligated for:

a) Costs incurred prior to the effective date of this Agreement or after Agreement expiration.

b) Any action subsequent to written notification from the county suspending or terminating the Agreement, except as authorized by the County.

2. The Subrecipient shall refund to the County any payment or partial payment expended by the Subrecipient, its Contractors or Consultants which is subsequently found to be ineligible, inappropriate or illegal.

F. Request for Payment

1. Reimbursement requests will not be approved unless Subrecipient submits timely performance reports and all information necessary to demonstrate compliance with regulations, eligibility, goals and objectives.

2. Request for payment by the Subrecipient shall include only the request for payment or reimbursement of cost actually incurred per the approved budget and supported by documentation. All reimbursement requests must be accompanied by copies of substantiating receipts, pay stubs, invoices or other proof of incurred costs and must be signed by a signature authority designee(s). A signature authority designee(s) form must be on file prior to the first contract payment request submission of the contract period. All backup documentation and a signed copy of the contract payment request are to be submitted electronically to PCCCCDInv@piercecountywa.gov with organization name and service period in the subject line of the Email. Instructions and forms for electronic submissions will be forwarded to the Subrecipient upon execution of this agreement.

3. The Subrecipient is prohibited from submitting request for payment in excess of actual requirements for carrying out the project.

4. Subject to the terms and conditions of this Agreement, the Subrecipient shall submit a Contract Payment Request Form on a monthly basis within twenty-one (21) working days following the month in which the Subrecipient has incurred expenditures for services and costs as outlined in this Agreement. The amount requested must be supported by actual costs incurred and paid for by the Subrecipient/vendor. The County shall issue payment no later than twenty-five (25) working days after the receipt of complete and accurate billing information as determined by the County. The submission of incomplete or inaccurate billing information may delay the reimbursement process, and shall not be considered a breach of contract.

5. Due to County fiscal year and contract close out requirements, the Subrecipient shall

submit a Contract Payment Request for the month of December on or before January 4, 2019 and the final billing for the contract on or before July 10, 2018. Failure to follow the year end and final invoice instructions may result in a delayed payment or non-payment for the given month.

6. Exceptions to these procedures must be requested in writing and agreed upon between the parties.

G. Multiple Agency Funding

Projects funded by multiple agencies or sources shall indicate in the project budget the agency or source from which the funds derive and how the funds will be utilized.

H. Program Income

In the event that program income as defined in 24 CFR Part 570.500(a) is generated from the use of Community Development Block Grant (hereinafter referred to as "CDBG") funds, then any and all such income shall be identified and accounted for and reported to Pierce County. With the written consent of the County, program income may be used by the Subrecipient for the same project/program for which this Agreement originally provides and under the same terms and conditions, as provided in 24 CFR 570.504. Program income in the form of repayments to, or interest earned on, a revolving fund as defined in 24 CFR 570.500(b) shall be substantially disbursed from the revolving fund before additional cash withdrawals are made from the U.S. Treasury for the same activity. In the event that program income is not used in accordance with these conditions, such program income shall be returned to the County. The Subrecipient shall transfer to the County any CDBG funds on hand or any accounts receivable attributable to the use of the CDBG funds that do not meet the above requirements.

I. Unexpended Funds and Income

At the conclusion of this Agreement, <u>all</u> unexpended CDBG funds, any uncollected and/or unexpended program income remaining in Subrecipient's accounts, <u>and</u> any remaining equipment or operation supplies with a value in excess of $5,000, shall be immediately returned to the County <u>unless</u> specifically authorized in writing by the County.

PIERCE COUNTY
Agreement Signature Page

Agreement # SC-106279

IN WITNESS WHEREOF, the parties have executed this Agreement on the days indicated below:

SUBRECIPIENT:	**PIERCE COUNTY:**
Erick Seelbach 10/10/18 Signature of Corporate Officer Date	Reviewed By:
Erick Seelbach, Executive Director Print Signer's Name and Title	Deputy Prosecuting Attorney *(As to form Only)* Date
Pierce County AIDS Foundation Agency Name	
3009 S 40th St Tacoma, WA 98409	Finance Date
Mailing Address	Approved By:
Contact Name: ~~Chris Barrans~~ Dana Orr	
Contact Phone Number: (253) 383-2565	Peter Ansara Date Director, Human Services
UBI No.: 601-041-989	
DUNS: 786409813	County Executive *($250,000 or more)* Date
Federal Tax Id No.: 91-1385245	
Federal Filing Status: ☒ Corporation ☐ Partnership ☐ Sole Proprietor	

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4:**	

d. Address

Street 1: 1305 Tacoma Avenue South
Street 2: Suite 104
City: Tacoma
County: Pierce
State: Washington
Country: United States
Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Jeffrey
Middle Name:
Last Name: Rodgers
Suffix:
Title: Supervisor, Homeless Programs
Organizational Affiliation: Pierce County
Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Phoebe's House
16. Congressional District(s):	
a. Applicant:	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
17. Proposed Project	
a. Start Date:	11/01/2020
b. End Date:	10/31/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN): 91-6001359

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $417,208.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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 (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$417,208.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from

No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $417,208

Organization	Type	Sub-Award Amount
New Phoebe House	N. Nonprofit without 501C3 IRS Status	$417,208

2A. Project Subrecipients Detail

a. Organization Name: New Phoebe House

b. Organization Type: N. Nonprofit without 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 33-1023012

	*** d. Organizational DUNS:**	612489708	**PLUS 4:**	

e. Physical Address
Street 1: 716 Martin Luther King Jr Way
Street 2:
City: Tacoma
State: Washington
Zip Code: 98405

f. Congressional District(s):
(for multiple selections hold CTRL key) WI-006

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: $417,208

j. Contact Person
Prefix: Mrs.
First Name: Naomi
Middle Name:

Last Name:	Villano
Suffix:	
Title:	Executive Director
E-mail Address:	naomi@newphoebehouse.org
Confirm E-mail Address:	naomi@newphoebehouse.org
Phone Number:	253-383-7710
Extension:	
Fax Number:	253-383-7710

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.

1) NPHA has managed a transitional housing program for mothers experiencing homelessness, a substance abuse disorder and trauma-related crises since 2002. We serve a special population for whom direct entry into permanent housing from homelessness is not suitable due to behavioral health instability and court-related restrictions. Reunification and recovery from household violence is a core expertise of the agency. Traumatic causal factors driving substance abuse , such as sexual assault and domestic violence, began to be identified and treated early in the evolution of the organization; the agency progressed to licensure as a behavioral health outpatient treatment provider in 2017. We seamlessly and comprehensively address complex needs that make violence-impacted families subject to re-occurring housing instability. Our support services progressively meet all behavioral health, physical health, housing, parenting and self-sufficiency (income and employment) needs.In 2014, NPHA expanded services for families transitioning into community-based housing, resulting in a Transitional to Permanent Housing model. Moderate rental subsidies, continued case management and support services are provided to the families to prevent relapse . Throughout our history, we have remained compliant with local housing policies and requirements. We enter data into HMIS, capturing demographics, bed nights, assessment data, progress, activities, outcomes, changes in condition and housing status. We have demonstrated expedited and long-term success with over 750 families served in the last decade. 2) New Phoebe House currently serves level 1 and level 4 women in our Phoebe Family Recovery, Reunification and Resiliency Program. We have secured, maintained and renovated our current facilities with qualified operational staff and contracted service providers. All properties are secure, safe and clean. Our Board has identified expansion as a priority and completed feasibility studies and site evaluations to plan for growth. This project evolves our property management role and the quantity of families benefiting from housing placement, support services and rental subsidy assistance we successfully deliver now. 3) NPHA currently has
over 25 funding sources and a diverse profile of revenues . We were recently licensed and qualified to be reimbursed for some outpatient treatment services and have a growing annual fundraising base of donors. We have existing service contracts with the City of Tacoma, Pierce County and the United Way of Pierce County. 4) We have a strong financial accounting and evaluation tracking system. We have always had an independent Financial Review and numerous site visits, without findings. Throughout our history, we have protected against loss, legal risk and negative impacts to our organization and families. We produce an annual report distributed to our funders, demonstrating impact and use of resources.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

NPHA has never relied exclusively on government housing funding; our current and anticipated profile is 45% through federal, state, county and city funding and 55% through earned and contributed revenue sources. We have built a diverse profile of revenues and ensured that the organization can qualify for all sources of funding that are germane to our mission. We were recently brought into the behavioral health billing system to be reimbursed for some of the treatment services we provide, advancing this line of business out of necessity to ensure our clients would have immediate access to the trauma-informed behavioral health services that they need. In addition to our existing service contracts with the City of Tacoma and Pierce County, we are funded through the United Way of Pierce County. We recently gained access to Foundation Community Supports funding as a new revenue stream. The Board of NPHA targets raising ·12-15% of the budget. We have been able to inspire long-term, repeat support for our program by demonstrating impact and using existing resources and success to leverage new opportunities. This includes an on-going corporate sponsorship and a cycle of private foundation givers that contribute up to one-third of our budget. We have the required matching funds for this application to support existing services, as well as the expanded services that will be provided at the new location. NPHA is experienced utilizing federal funds, receiving Community Development Block Grant funds administered by Pierce County in 2018 & 2019 and the City of Tacoma, since 2012.

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.

NPHA is uniquely qualified to launch this TH-RR project; we have addressed this target population's housing and supportive service needs for over 15 years We are the only family- based trauma-informed TH housing program that is licensed as a behavioral health provider for a specific special population All services will be managed and provided by NPHA through an expansion to 15 FTE's from 10 5. NPHA has all service qualifications and partnerships needed to fulfill this expansion. Current partnerships or contracts with our Clinical Director, Licensed Mental Health Providers, CDP's, the MHSUD Collaboration, Pierce County Commission Against Domestic Violence will be sustained to support families impacted by DV. Our policies and practices for current operations will be refined and applied to the second transitional home, All resources will be properly accounted for using financial tracking codes as we do for other private , local, county and federal resources. We create a client-centered, tailored service plan for barrier removal and housing readiness; simultaneously addressing all inter-related issues.
Most other programs address parenting , employment, housing, behavioral health, trauma, and legal issues separately and services tend to compete for the client's focus and time, resulting In low completion or poor coordination between services. We overcome this by offering a one-stop
shop for expediency and effectiveness, while also identifying external providers and making 'warm hand-offs' that create a support network that transitions with the family into their permanent housing solution. We receive referrals , through Coordinated Entry, via Drug Court, Department of Corrections and DCYFS. We understand what it takes for our clients to meet court requirements that

complicate their recovery. Unfortunately, victims of domestic violence often get involved in criminal behavior by using or dealing drugs, prostituting to afford drugs or doing illegal activity for the abuser. Some come out of institutions, jail, prison, and treatment centers due to actions they have taken out of the violence they have endured. Health concerns such as untreated PTSD, improperly diagnosed or untreated mental health challenges , an untreated physical condition such as kidney failure, unchecked diabetes, hepatitis or other side effects of long-term drug use, often impedes employability and functionality. Housing Barriers include criminal records, evictions, no or extremely low income and no legal work histories; and many lack education, making employability a challenge. We work quickly and deeply to coordinate services and move them family into permanent housing as soon as possible positioned for success. With the multi-faceted services available at Phoebe Place, we can place the women and children into Transitional units or into Rapid Rehousing units, whichever they determine is the best option for them initially.

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:	WA-503 - Tacoma, Lakewood/Pierce County CoC
1b. CoC Collaborative Applicant Name:	Pierce County
2. Project Name:	Phoebe's House
3. Project Status:	Standard
4. Component Type:	Joint TH & PH-RRH
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).	No
7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?	X
8. Does this project include Replacement Reserves?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

NPHA has a 3-prong approach to stabilization of trauma-impacted women and families experiencing homelessness. Phoebe First involves assessments and actions designed to stabilize behavioral health issues and physical needs, including setting up treatment and counseling services. Phoebe Family includes issues related to family safety and child reunification in response to court-requirements and child welfare issues borne out of household violence. Phoebe Forward addresses barriers to housing, including lack of income and legal issues while building capacity for self-sufficiency. These areas are addressed concurrently in the most meaningful way for each woman. As women are ready, they can seamlessly transition into permanent housing. NPHA aids with the process and rental subsidies to secure housing.
Once housed, Phoebe Forever after-care services help to prevent relapses into homelessness, addiction and family violence. Staff provide home visits and on-call interventions. Through this Continuum of Care proposal 1 NPHA will add 6-8 units to its transitional housing inventory by leasing a second communal supported residential location as a safe house specifically for women, both with and without children, who are recent survivors of domestic violence. On-site support services address the behavioral health, parenting and income challenges borne out of trauma that are barriers to the mother being physically, emotionally and financially ready to manage a violence free and self-sufficient household. Case management, life skills, dv advocacy and healthy relationship education, Holistic Recovery For Mothers treatment services for chemical dependency, mental health and trauma recovery, Phoebe Kids Play trauma mitigation services, are offered. Families can utilize the transitional housing phase of the program to gain stability, skills and resources to remove barriers and progressively rapidly- rehouse within six months{average) with protections against relapses into domestic violence , addiction or family dissolution which can often cause additional experiences with homelessness . This TH-RRH proposal is for a new site, specifically for survivors of those experiencing domestic violence, dating violence and stalking. House safety features , parenting interventions and trauma-informed outpatient treatment groups are designed specifically for this special population of women, with or without children.The 8 women in the program will transition to permanent housing within (average)180 days, and 12 women will be rehoused in the community over the course of a year . These women will remain housed once permanently placed, as the transitional process includes empowering each woman to fulfill a realistic and actionable personalized plan for a stable, self-sufficient and healthy household.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple

structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

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?	90			
Participant enrollment in project begins?	120			
Participants begin to occupy leased units or structure(s), and supportive services begin?	150			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	210			
Closing on purchase of land, structure(s), or execution of structure lease?	90			
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		Domestic Violence	X
Veterans		Substance Abuse	X
Youth (under 25)		Mental Illness	X
Families	X	HIV/AIDS	
		Other (Click 'Save' to update)	

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

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. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?	No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.	X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

NPHA has a comprehensive assessment and case management tool that helps to identify and resolve barriers to housing. Many of the same barriers that make it hard to obtain housing also contribute to the inability to maintain housing. Women with children fleeing domestic violence often have added complications that come from being in abusive relationships - their physical and mental health, parenting rights, income, and housing/work history is often very compromised.They often have financial, legal and criminal issues that need to be resolved to secure and remain housed. NPHAs support services address 1) mental health and substance use disorders and causal traumatic factors, 2) legal/court-related barriers, 3) physical health and safety, 4) parenting and family reunification to recover from domestic violence, neglect and abuse, 5) income , employment and life skills.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

NPHA connects Phoebes with community-based partners in each of its 3-prong areas of support: Phoebe First - Our working partnership with Community Healthcare Hilltop to expediate our clients enrolllng and accessing health and prenatal care. The Family Medicine Residency Program and OB Nurse Specialist care for the family needs and attend to potential physical issues caused by violence or substance use, and get care to unborn Infants ASAP. The Family Practice physicians also come on-sight to provide needed healthcare education. We have a volunteer Doula to support pregnant clients

through their pregnancies, deliveries and postpartum periods. This is really important as many of our clients do not have one healthy and safe support person . Mental health and substance use assessments can be done Immediately, and then options are offered for them to choose for treatment & counseling. Women are connected with TANF, WIC, SNAP or other resources.
Phoebe Family - We work with DSHS, the courts, school officials and any extended family who can offer a healthy support system for the woman. We engage community mentors and resources through the University of Washington so the women can bond with their child and learn from healthy role models. This is how we repair, protect and enhance the family unit and properly reunify the mothers with their children who have been put under someone else's (Including the State's) care due to safety reasons . These resources help restore the parent-child relationship and teach the mother to meet the needs of her traumatized child. The University of Puget Sound offers occupational therapy .for our clients. Our Paralegal and Domestic Violence Advocate assist the clients with orders of protection, parenting plans and other legal services. Mothers are assisted with gaining documents such as birth certificates, social security cards, etc. They are accompanied to court or social services appointments to keep them safe and provide advocacy. We assist them resolving outstanding warrants .
Phoebe Forward -Work First, TCC, Clover Park and Bates (who comes on-site) are the workforce readiness and career training partners. Many women fleeing DV are trapped in the cycle of poverty; they remained with an abuser because they lacked the means to provide for themselves or their children in any other manner. Vocationa l Case Management helps the mother to identify skill sets and interests1 complete job applications and practice interviewing skills. Life skills are taught that improve their likelihood of keeping employment; socialization and confidence 1 often harmed through an abusive relationship, are important to overcome for improved employability. Goodwill comes on site to do financial literacy. One of the major advantages of NPHA is that we can provide the mother with transitional housing that allows them to access internal and external support services so barriers that could compromise permanent housing solutions are removed.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	As needed
Child Care		Applicant	Daily
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Applicant	Daily
Housing Search and Counseling Services		Applicant	Weekly
Legal Services		Applicant	As needed
Life Skills Training		Applicant	Daily

Mental Health Services	Applicant	Daily
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	Weekly
Substance Abuse Treatment Services	Applicant	Weekly
Transportation	Applicant	Daily
Utility Deposits	Applicant	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 benefits are received and renewed?	Yes
6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	No

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

List all CoC-funded and Non CoC-funded units and beds for this project

	TH	RRH	Total
Total Units:	8	12	20
Total Beds:	24	36	60

Housing Type	Housing Type (JOINT)	Units	Beds
---	Single Room Occup...	8	24
---	Scattered-site ap...	12	36

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH portion or the RRH portion of the project?	TH
1a. Does this TH portion of the project have private rooms per household?	Yes
1b. Is this a private or semi private room?	Yes
2. Housing Type:	Single Room Occupancy (SRO) units
3. What is the funding source for these units and beds? (If multiple sources, select "Mixed" from the dropdown menu)	CoC

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units:	8
b. Beds:	24

5. 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:	716 Martin Luther King Jr Way
Street 2:	
City:	Tacoma
State:	Washington
ZIP Code:	98405

6. 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)

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH portion or the RRH portion of the project?	RRH
2. Housing Type:	Scattered-site apartments (including efficiencies)
3. What is the funding source for these units and beds? (If multiple sources, select "Mixed" from the dropdown menu)	CoC

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 12

b. Beds: 36

5. 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: 716 Martin Luther King Jr Way

Street 2:

City: Tacoma

State: Washington

ZIP Code: 98405

6. 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)

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

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	16	4	0	20

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	12	2		14
Persons ages 18-24	4	2		6
Accompanied Children under age 18	32		0	32
Unaccompanied Children under age 18			0	0
Total Persons	48	4	0	52

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				12		2	12			
Persons ages 18-24				4		1	4			
Children under age 18							32			
Total Persons	0	0	0	16	0	3	48	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24				2		1	2			
Persons ages 18-24				2			2			
Total Persons	0	0	0	4	0	1	4	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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is being requested:**

Leased Units	
Leased Structures	X
Rental Assistance	X
Supportive Services	X
Operating	X
HMIS	

6. If awarded, will this project require an initial grant term greater than 12 months? No

6D. Leased Structures Budget

The following list summarizes the funds being requested for one or more structures 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:	$48,000
Grant Term:	1 Year
Total Request for Grant Term:	$48,000
Total Structures:	1

Structure Name	HUD Paid Rent	Total Annual Assistance Requested	Total Assistance Requested
Phoebe House	$4,000	$48,000	$48,000

Leased Structures Budget Detail

Structure Name: Phoebe House
Street Address 1: to be determined
Street Address 2:
City: Tacoma
State: Washington
Zip Code: 98402

HUD Paid Rent (per Month):	$4,000
12 Months:	12
Total Annual Assistance Requested:	$48,000
Grant Term:	1 Year
Total Request for Grant Term:	$48,000

Click the 'Save' button to automatically calculate the Total Assistance Requested.

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:	$132,480
Total Units:	12

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Tacoma, WA HUD Metro FMR Area (5...	12	$132,480

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

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

Metropolitan or non-metropolitan fair market rent area: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)

SRO		x	$580	x	12		=	$0
0 Bedroom	3	x	$773	x	12		=	$27,828
1 Bedroom	6	x	$881	x	12		=	$63,432
2 Bedrooms	3	x	$1,145	x	12		=	$41,220
3 Bedrooms		x	$1,666	x	12		=	$0
4 Bedrooms		x	$2,017	x	12		=	$0
5 Bedrooms		x	$2,320	x	12		=	$0
6 Bedrooms		x	$2,622	x	12		=	$0
7 Bedrooms		x	$2,925	x	12		=	$0
8 Bedrooms		x	$3,227	x	12		=	$0
9 Bedrooms		x	$3,530	x	12		=	$0
Total Units and Annual Assistance Requested	12							$132,480
Grant Term								1 Year
Total Request for Grant Term								$132,480

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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	$250 for each of 12 families going into RRH	$3,000
3. Case Management	1 FTE CM salary/benefits, .6 FTE for case aide	$77,000
4. Child Care	800 hours salary (16 staff hours per week) to provide child care	$12,000
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	.75 FTE employment and housing pacement specialist	$42,000
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits	$300 for each of 12 families going into RRH	$3,600
17. Operating Costs		
Total Annual Assistance Requested		$137,600
Grant Term		1 Year
Total Request for Grant Term		$137,600

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance	property and operations insurance coverage and cover liabilities	$5,000
3. Replacement Reserve		
4. Building Security	installation and monthly monitoring	$1,200
5. Electricity, Gas, and Water	utility costs for electrical, gas, garbage, sewer, and phone	$35,000
6. Furniture	8 family dwelling units for furntiure and staff furniture	$12,000
7. Equipment (lease, buy)	copier, multi-phone, 3 computers, modem	$8,000
Total Annual Assistance Requested		$61,200
Grant Term		1 Year
Total Request for Grant Term		$61,200

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$138,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$138,000

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Behavioral Health...	08/01/2019	$69,000
Yes	Cash	Government	Foundational Comm...	08/01/2019	$41,400
Yes	Cash	Government	NPHA Board Fundra...	08/01/2019	$27,600

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: (Be as specific as possible and include the office or grant program as applicable)	Behavioral Health Contract Billing
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$69,000

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Foundational Community Supports
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$41,400

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: (Be as specific as possible and include the	NPHA Board Fundraising

office or grant program as applicable)

5. Date of Written Commitment: 08/01/2019

6. Value of Written Commitment: $27,600

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	$48,000	1 Year	$48,000
3. Rental Assistance	$132,480	1 Year	$132,480
4. Supportive Services	$137,600	1 Year	$137,600
5. Operating	$61,200	1 Year	$61,200
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$379,280
8. Admin (Up to 10%)			$37,928
9. Total Assistance Plus Admin Requested			$417,208
10. Cash Match			$138,000
11. In-Kind Match			$0
12. Total Match			$138,000
13. Total Budget			$555,208

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Match Letter	09/20/2019
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

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:	Bruce Dammeier
Date:	09/24/2019
Title:	County Executive
Applicant Organization:	Pierce County
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent	X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/20/2019
1E. SF-424 Compliance	09/20/2019
1F. SF-424 Declaration	09/20/2019
1G. HUD 2880	09/20/2019
1H. HUD 50070	09/20/2019
1I. Cert. Lobbying	09/20/2019
1J. SF-LLL	09/20/2019
2A. Subrecipients	09/20/2019
2B. Experience	09/24/2019
3A. Project Detail	09/23/2019
3B. Description	09/23/2019
3C. Expansion	09/20/2019
4A. Services	09/23/2019
4B. Housing Type	09/20/2019
5A. Households	09/20/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/20/2019
6D. Leased Structures	09/20/2019
6E. Rental Assistance	09/20/2019
6F. Supp Srvcs Budget	09/20/2019
6G. Operating	09/20/2019
6I. Match	09/20/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/20/2019
7D. Certification	09/20/2019

Staff Phone: 253.383.7710
Fax: 253.383.8834
P.O. Box 5245
Tacoma, WA 98415-0245
www.newphoebehouse.org a nonprofit 501(c)(3) org.

Executive Director

Naomi Villano

Board of Directors

Sue Darnell, Past President
Karrie Betts, President
Julie Pierce, Vice President
Cyndy Hinton, Secretary
Cole Moses Treasurer
Bill Darnell, Director
Charles Schmit, Director
Shauna Schraft, Director
Christina Fernandes, LOA
Ashley Moses, Director
Lucy Ritchie, Director
Ken Tepley, Director
Peter Bortel, Director

Mission

TO PROVIDE HOUSING, SERVICES AND SUPPORT TO PIERCE COUNTY MOTHERS AND THEIR YOUNG CHILDREN, WHOSE LIVES HAVE BEEN IMPACTED BY CHEMICAL DEPENDENCE, FAMILY VIOLENCE AND HOMELESSNESS AND HELP THEM TO ACHIEVE AND MAINTAIN RE-UNIFICATION THROUGH HEALING, SELF-SUFFICIENCY AND CLEAN-AND-SOBER LIVING.

This is a letter of documentation of match dollars for the COC application for NPHA.

#1. A listed match is Behavioral Health contract billing at $69,000. These monies are reimbursements from providing treatment services to the special population at Phoebe Place both in the Transitional Housing program and for those that chose treatment who reside in Rapid Rehousing program. The treatment services include outpatient treatment for mental health, substance use disorder, healthy relationship and trauma (sexual trauma and domestic violence) recovery groups and individual counseling. The monies will come from the 4 managed health contractors: Molina, United Healthcare, Coordinated Care and Amerigroup.

#2. A listed match is Foundational Community Supports at $41,400. New Phoebe House has received a contract to provide these services to our special population. Many of the individuals residing in our TH-RRH program will qualify for supported housing per diem, supported employment per service or ongoing support to maintain employment services through the Medicaid reimbursement program through Amerigroup Washington, Inc that will be paid to our organization for providing these services that will be critical for our clients.

#3. The third listed match is NPHA Board Fundraising efforts at $ 27,600. Annually, we have a major fundraising event, which can raise as much at $200,000. A percentage of the total will be assigned to support Phoebe Place.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2019 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program Competition NOFA.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2019 CoC Program NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	CoC Planning Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/26/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:

Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL+Key)	Washington
15. Descriptive Title of Applicant's Project:	CoC Planning Project Application FY2019
16. Congressional District(s):	
a. Applicant:	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL+Key)	WA-009, WA-008, WA-006, WA-010
17. Proposed Project	
a. Start Date:	01/01/2021
b. End Date:	12/31/2022
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$123,997

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CoC Planning Project Application FY2019 1305 Tacoma Avenue South Tacoma Washington

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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			Financial Interest	Financial Interest

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	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$123,997.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1201 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1201 Pacific Ave #2100
Tacoma WA 98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

2A. Project Detail

1a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
1b. Collaborative Applicant Name:	Pierce County
2. Project Name:	CoC Planning Project Application FY2019
3. Component Type:	CoC Planning Project Application

2B. Project Description

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

1. The CoC Committee is developing a Five-Year Strategic Plan to Prevent and End Homelessness (2020-2025) and will create One-Year Action Plans. This will include monitoring plan objectives and performance progress. 2. The CoC will continue to collaborate with other stakeholders who interact with the homelessness system. This will include strengthening and leveraging relationships with State systems of care who do discharge planning. 3. The CoC will continue to outreach to the various sector that do not currently serve on the CoC, including but not limited to Jails, Local Law Enforcement, Non-CoC Funded Homeless Organizations, Hospitals, and Universities. The CoC will also continue working toward greater representation of all of the subpopulations and to strengthen the relationship with community, elected officials, and faith based communities. The CoC is working toward a better representation of the community that they serve and being more diverse. 2. Point in Time Count planning and execution will include review of survey methodology, coverage areas, and data accuracy. 3. Pierce County as the Collaborative Applicant (CA) is an ESG recipient and will continue to collaborate with other ESG recipients to coordinate funding and provide common written standards to often same subrecipients. CA staff work closely with Consolidated Plan (CP) staff (Pierce County and City of Tacoma) to develop the 2020-2025 Consolidated Plans. Poor performance is being addressed through contracts, communication, and required corrective action. Applications for future funding are now based on performance-based measures. 4. The CoC Committee will utilize monthly project performance dashboards to analyze and evaluate program performance and make policy and funding decisions based on performance using HMIS data. 5. Pierce County’s Coordinated Entry System has been operational since 2011, and was revamped in 2016. The Coordinated Entry System now prioritizes households for referrals to housing programs based on acuity of need and high barriers to housing, has a fully functioning centralized vacancy list, has many points of access, and offering housing counseling known as Diversion to resolve housing crisis. Next steps include completing the deputing of emergency shelters to be Coordinated Entry; including fully training shelter staff for Diversion conversation.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

The majority of the proposed planning activities occur on an annual or ongoing basis to meet the requirements of HUD and other funders. These activities include the Point in Time Count, coordination with Consolidated Plan and ESG recipients, monitoring and evaluating programs, and setting performance targets. Ongoing activities include technical assistance to address performance, and refinement of the coordinated assessment system. The CA's homeless staff consists of a Supervisor, two Program Specialist 3's, one Program Specialist

Lead 2, two Program Specialist 2s, and a homeless program evaluator. We are also supported by monitoring/contracts and fiscal staff. The majority of the work will be led by one Program Specialist 3(Collaborative Applicant staff) with the support of the other Program Specialists, and Data Analyst staff with input and review from the CoC Committee and other subcommittees. The Supervisor will monitor the proposed activities and ensure activities are implemented in a timely manner.

3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?

The requested funds will allow more staff time to better coordinate with the CoC and the ESG jurisdictions to effectively integrate ESG services into the continuum of care spectrum. This also allows us to evaluate the current outcomes and determine the need for specific type and duration of housing assistance. The funds will also provide additional time for direct technical assistance to projects who are challenged with meeting performance standards.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

Beyond the expiration of the HUD financial assistance for planning, our CoC will continue to operate using other local funds made available for program and administrative purposes. Pierce County, as Collaborative Applicant will continue to provide support to the CoC, providers, centralized intake as well as updating the charter, performance targets and written standards to address the needs of the community.

3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	X
Votes, including electing Coc Board:	X
Sits on CoC Board:	X
None:	

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

a. Written agendas of CoC meetings? Yes

b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

c. Process for monitoring outcomes of ESG recipients? Yes

d. CoC policies and procedures? Yes

e. Written process for board selection? Yes

f. Code of Conduct for board members that includes a recusal process? Yes

g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
CoC Committee	Operates the CoC and with support of subcommittees, implements the activities to achieve the goals and objectives of the Plan to End Homelessness and ensures jurisdictional compliance with HEARTH Act.	Monthly	Local jurisdictions, DV Shelters, former and currently homeless individuals, Affordable Housing Consortium, School Districts, Veterans Administration, WorkForce Central, Health & Social Services, CE, Youth provider
Membership and Equity Subcommittee	Supports the CoC in reviewing data and policies with equitable lens	Bi-Monthly	Local jurisdictions, youth providers, former and currently homeless individuals, Department of Equity and Human Rights, LGBTQ Providers
HMIS Subcommittee	Ensure compliance with Federal and State data collection requirements. Improve data collection techniques. Develop training programs for HMIS users and agency administrators.	Quarterly	HMIS Staff, CE staff, Emergency Shelter providers, former and currently homeless individuals, Transitional Housing providers, Permanent Supportive Housing providers, City of Tacoma staff
Allocation Subcommittee	Review and prioritize applications for HUD, State, and local funding opportunities.	Annually	Cities of Tacoma & Lakewood, Pierce County, Tacoma Housing Authority, former and currently homeless individuals, Pierce County Housing Authority, Veteran's Administration,
Point in Time Count Subcommittee	Plan and support the annual Point in Time count.	Quarterly	CoC Staff, City of Tacoma, former and currently homeless individuals, Youth Coalition, Homeless Coalition, PATH Teams, Homeless Providers, Community volunteers

4A. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$30,999
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$30,999

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	Consolidated Home...	09/16/2019	$30,999

Sources of Match Details

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: (Be as specific as possible and include the office or grant program as applicable)	Consolidated Homeless Grant
5. Date of Written Commitment:	09/16/2019
6. Value of Written Commitment:	$30,999

4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. Does this project propose to allocate funds according to an indirect cost rate? No

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	.15 FTE with benefits	$18,600
2. Project Evaluation	.25 FTE with benefits	$31,000
3. Project Monitoring Activities	.25 FTE with benefits	$31,000
4. Participation in the Consolidated Plan	.05 FTE with benefits	$6,199
5. CoC Application Activities	.10 FTE with benefits	$12,400
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System	.10 FTE with benefits	$12,399
8. HUD Compliance Activities	.10 FTE with benefits	$12,399
Total Costs Requested		$123,997
Cash Match		$30,999
In-Kind Match		$0
Total Match		$30,999
Total Budget		$154,996

Click the 'Save' button to automatically calculate the Total Assistance

5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	Match Letter	09/26/2019
2. Other Attachment(s)	No		

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

5B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race,color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or

disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

1-Year Operation Rule.

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Name of Authorized Certifying Official: Bruce Dammeier

Date: 09/26/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

6A. Submission Summary

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)	09/16/2019
1E. SF-424 Compliance	09/16/2019
1F. SF-424 Declaration	09/16/2019
1G. HUD 2880	09/16/2019
1H. HUD 50070	09/16/2019
1I. Cert. Lobbying	09/16/2019
1J. SF-LLL	09/16/2019
2A. Project Detail	09/16/2019

2B. Description	09/16/2019
3A. Governance and Operations	09/16/2019
3B. Committees	09/16/2019
4A. Match	09/16/2019
4B. Funding Request	09/16/2019
5A. Attachment(s)	09/26/2019
5B. Certification	09/16/2019

Pierce County

Department of Human Services
1305 Tacoma Avenue S., Suite 104
Tacoma, Washington 98402
(253) 798-4500 • FAX (253) 798-2818

September 25, 2019

John W. Peters, Director
U.S. Department of Housing and Urban Development
Washington State Office
Seattle Federal Building
Office of Community Planning and Development
909 First Avenue, Suite 300
Seattle, WA 98104-1000

Dear Mr. Peters,

This letter is to confirm the match commitment for the Tacoma/Lakewood/Pierce County Continuum of Care funded Planning Grant. Pierce County will provide $30,999 in cash match. The match source will be local document recording fees, which meet the requirements of 24 CFR Part 578.73. The funds will be available for the grant period 1/1/21 through 12/31/21.

If you have any questions contact Jeff Rodgers, Supervisor, Homeless Programs, by email at jeff.rodgers@piercecountywa.gov or by phone at 253-798-6908.

Sincerely,

Heather Moss
Director

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4:**	

d. Address

Street 1: 1305 Tacoma Avenue South
Street 2: Suite 104
City: Tacoma
County: Pierce
State: Washington
Country: United States
Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Jeffrey
Middle Name:
Last Name: Rodgers
Suffix:
Title: Supervisor, Homeless Programs
Organizational Affiliation: Pierce County
Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Reach H4S TH-RRH
16. Congressional District(s):	
a. Applicant:	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
17. Proposed Project	
a. Start Date:	11/01/2020
b. End Date:	10/31/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN): 91-6001359

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $204,675.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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 (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$204,675.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma Wa 98402

10b. Individuals Performing Services (including address if different from

No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma Wa 98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $226,675

Organization	Type	Sub-Award Amount
The REACH Center/Tacoma Community House	M. Nonprofit with 501C3 IRS Status	$204,675
Shared Housing Services	N. Nonprofit without 501C3 IRS Status	$12,000
Vadis	N. Nonprofit without 501C3 IRS Status	$10,000

2A. Project Subrecipients Detail

a. Organization Name: The REACH Center/Tacoma Community House

b. Organization Type: M. Nonprofit with 501C3 IRS Status

If "Other" specify:

c. Employer or Tax Identification Number: 91-0570872

	*** d. Organizational DUNS:**	028126761	**PLUS 4:**	0000

e. Physical Address

Street 1: 1314 South L Street

Street 2:

City: Tacoma

State: Washington

Zip Code: 98405

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-006

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: $204,675

j. Contact Person

Prefix: Mr.

First Name: Nickolas

Middle Name: Martin

Last Name: Bayard
Suffix:
Title: Recent Center Director
E-mail Address: nbayard@reachtacoma.org
Confirm E-mail Address: nbayard@reachtacoma.org
Phone Number: 253-573-6800
Extension:
Fax Number: 253-597-6687

2A. Project Subrecipients Detail

a. Organization Name: Shared Housing Services

b. Organization Type: N. Nonprofit without 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 91-1557248

	*** d. Organizational DUNS:**	961643681	**PLUS 4:**	0000

e. Physical Address
Street 1: 901 South 11th St
Street 2:
City: Tacoma
State: Washington
Zip Code: 98405

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-006

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: $12,000

j. Contact Person

Prefix: Mr.
First Name: Mark
Middle Name:
Last Name: Merrill
Suffix:
Title: Executive Director
E-mail Address: markm@sharedhousingservices.org
Confirm E-mail Address: markm@sharedhousingservices.org
Phone Number: 253-272-1532
Extension:
Fax Number: 253-272-0315

2A. Project Subrecipients Detail

a. Organization Name: Vadis

b. Organization Type: N. Nonprofit without 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 91-1083309

	*** d. Organizational DUNS:**	039516190	**PLUS 4:**	0000

e. Physical Address

Street 1: 1701 Elm Street
Street 2:

City:	Sumner
State:	Washington
Zip Code:	98390
f. Congressional District(s): (for multiple selections hold CTRL key)	WA-008, WA-010
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:	$10,000

j. Contact Person

Prefix:	Mrs.
First Name:	Kathy
Middle Name:	Elizabeth
Last Name:	Hall
Suffix:	
Title:	Vice President of Program Services
E-mail Address:	Kathy@vadis.org
Confirm E-mail Address:	Kathy@vadis.org
Phone Number:	253-863-5173
Extension:	
Fax Number:	253-863-2040

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.

Since January 2013, The REACH Center has provided case management, supportive services, and housing to 290 youth and young adults in the Housing 4 Success (H4S) program. This includes 160 participants housed in independent living units and 130+ participants housed in host homes over this period of time. Housing 4 Success began as a transitional housing program at first, and switched to a rapid rehousing program in 2014 under the direction of Pierce County, making it one of the only rapid rehousing programs for youth and young adults in Washington State. The Host Home component provides a specialized resource for young adults who are not quite ready for independent living.
Housing 4 Success and its Shared Housing Host Home component utilize Tacoma Housing Authority and Pierce County funds for rental assistance and will began utilizing Office of Homeless Youth funds for a range of supportive services this quarter. County funds have been renewed on an annual basis through rigorous review of program outcomes. As youth are housed, Vadis, along with the community resources located within The REACH Center, offer career path development, education and employment services, job placement, job retention, follow up services, and a wide variety of mental health supports, avenues for self-advocacy, life skills and self-sufficiency workshops, and trainings for youth and young adults. Workshops hosted at the REACH Center include Ready to Rent, Financial Literacy, Communication Techniques, Personal Empowerment, Healthy Relationships, Conflict Resolution, Work Readiness Skills, Healthy Wellness, Personal Safety, Nutrition, First Aid, Goal Setting, and Smart Shopping. Housing 4 Success also partners with the ACT program-a REACH program gaining statewide recognition for its innovations in addressing youth homelessness-for mobile outreach, coordinated entry, client communication and support and cross program housing navigation, housing stability, and wrap around supportive services.
The H4S program has continually self-evaluated to make the program more efficient and effective. New procedures such as shorter evaluation periods, earlier and newer needs and assessment guidelines, and an updated home provider application form that works to eliminate barriers, and the development of a lease between host home provider and program participant that helps ensure that the H4S program is in compliance of all requirements and definitions for the Rapid Re Housing model and Housing First programs. The Housing 4 Success program has created a case management team and partners that are uniquely qualified to take on the set of activities proposed in this application and we have learned through trends the unique challenges that Pierce County youth and young adults experiencing homeless face every day. This team and its partners have been on the forefront of this work in Pierce County since 2013.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

As a lead partner of the Housing 4 Success program, The REACH Center has leveraged funding from the City of Tacoma, Pierce County Human Services, and private foundations to serve 290+ youth and young adults (and counting) in their transition out of homelessness. The private foundations include the Russell Family Foundation, the Pride Foundation, the Greater Tacoma Community Foundation, Satterberg Foundation, TOTE Maritime, the Bamford Foundation, and Building Changes. REACH has built a strong blend of public and private dollars to ensure a comprehensive set of services and resources for youth and young adults. We leverage our less flexible funding sources (e.g., Tacoma Housing Authority rental subsidy dollars) with more flexible foundation (e.g., Russell Family Foundation) dollars to provide a positive program experience for participants. In this example, THA dollars pay for rental and utility subsidies, and Russell Family Foundation dollars pay for a welcome basket, a NW Furniture Bank delivery of basic furniture, and a starter set of food, clothing, and towels.

Shared Housing Services (Sub-Applicant) has secured funding from the City of Tacoma Neighborhood and Community Services program for the Youth Host Home program. This contract is for 2019/2020 in the amount of $59,063/FY. Shared Housing Services receives funding from the United Way of Pierce County (2017-2019), Columbia Bank Warm Homes, Oscar T. Hokold Foundation, Woodworth Family Foundation, Pride Foundation, William Kilworth Foundation, Forest Foundation, Norman Archibald Foundation, NW Children's Fund, Marco J. Heidner Foundation, and Pape Family Foundation. Shared Housing Services received over $146,000 from individuals and businesses at the organization's Dinner Auction in 2019.

Vadis (Sub-Applicant) currently receives $20,000 from City of Tacoma CDBG and $53,000 from City of Tacoma General Fund to provide outreach, homeless system navigation, life skills, employment services and follow up support to youth and young adults experiencing homelessness throughout Pierce County. This funding will help with sub-contract payments to continue these services. Vadis has been successful in procuring private grant funding over its 40-year history and is actively soliciting private grants for additional support services for the individuals they serve.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The REACH Center was launched in 2009 as the first and only "one-stop" youth service center in Pierce County, which eliminates barriers for youth and young adults in need of a wide range of educational, employment, and housing services. It was designed to be a highly coordinated and leveraged partnership model organization that incorporates services from over 30 nonprofits, colleges, and other service and workforce organizations. Tacoma Community House is our fiscal agent and has a 100+ year history of serving residents of Tacoma. The REACH Leadership Team is comprised of representatives from four

technical and community colleges, Tacoma Public Schools, Vadis (also a key H4S partner), MDC, Job Corps, TeamChild, Tacoma Community House, and Goodwill. A key condition of serving on the REACH Leadership Team is a tangible contribution to REACH's bottom line in the form of staff, space, and/or funding support.

Shared Housing Services is a nonprofit 501(c)3 organization provides housing opportunities to community members experiencing homelessness or unstable housing. Shared Housing Services serves all Pierce County residents including seniors, disabled persons, veterans, college students, and low- income households through its Adult Home sharing programs. Shared Housing Services Youth Host Home (YHH) program is a founding, collaborative partner in the Housing 4 Success program that work with youth and young adults. The YHH program provides safe, secure housing in host homes for young people experiencing homelessness and works closely with other community partners such as Associated Ministries, Comprehensive Life Resources, Consejo Counseling, Metropolitan Development Council, Oasis Youth Center, the REACH Center, and Vadis to help participants gain the stability, self-confidence, and self-sufficiency needed to obtain (and sustain) permanent housing and achieve personal/professional goals. Shared Housing Services' Board of Directors review financial statements on a monthly basis and contracts with an external accounting firm on a yearly basis to conduct fiscal audits and financial reviews.

Vadis is a multi-county, multi-program 501(c)3 organization which serves over 600 individuals per year with employment and housing services. Vadis' has joint expertise in providing job skills training and placement to vulnerable populations and providing stable housing to low income individuals with disabilities. Vadis maintains comprehensive internal control procedures designed to safeguard the use of public funding, grants and contributions. All fiscal tracking programs are computerized, enabling Vadis to easily compile monthly financial statements for review by our board of directors.
Monthly financial statements provide a month-to-date, quarter-to-date and year-to-date revenue and expense comparison to the annual budget. Additionally, Vadis implements an external fiscal audit each year.

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:	WA-503 - Tacoma, Lakewood/Pierce County CoC
1b. CoC Collaborative Applicant Name:	Pierce County
2. Project Name:	Reach H4S TH-RRH
3. Project Status:	Standard
4. Component Type:	Joint TH & PH-RRH
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).	No
7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?	X

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Our target population(s) to be served will be young adults ages 18-24 with a primary focus on system involved, young adults of color, and/or young adults identifying as LGBTQ. We will focus on four housing intervention strategies and broaden the scope of supportive services. Housing 4 Success and ACT propose to minimize housing barriers to those young adults and execute strategies to increase sustainability and eliminate recidivism for young adults. We work with our partners as a team to deliver immediate housing placement and then provide intensive, wrap-around case management and support services that encourage the homeless young adults to concurrently access employment and/or education services so they can stabilize as quickly and successfully as possible and move into safe, permanent housing on their own.

The H4S model includes client incentives and rental subsidies to quickly place referred young adults, based on prioritization and qualification of the homelessness status, into scattered independent living units, a carefully selected Shared Housing match, or a transitional housing option. We work towards a zero eligibility barrier policy, and work diligently to find homeowners and landlords who follow that philosophy. The project will use the CTI model with shortened program time frame, intensive care management and early community/resource connections, and phase out case management model to promote participant self-sufficiency and independence. With funding for TH-RRH model, this will support additional supports or connections to permanent supportive housing.

Our program goal is to have 60 actively housed and supported homeless young adults at any one time on our case load (shared home and independent apartments) and we intake and support roughly 100 per year. This proposal would ensure that we are able to serve the highest barrier young people and move from an average case load of 48 to an average case load of 60. The power of The Reach Center lies in our co-location model that brings together GED, apprenticeship, behavioral health, legal aid, career development support, and case management all under one roof for each access. ACT and Vadis staff provide daily triage and support for walk-in homeless and housing insecure young people 5 days a week which includes CE, identification of housing needs and preparation for housing referrals to transitional and/or RRh. H4S staff provides the following supports to young adults case management addressing immediate basic needs (food, transportation, phones, clothing), advocacy, and follow through to find and sustain housing.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple

structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	45			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	90			
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		Domestic Violence	X
Veterans		Substance Abuse	X
Youth (under 25)	X	Mental Illness	X
Families	X	HIV/AIDS	
		Other (Click 'Save' to update)	

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

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. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?	No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.	X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

After receiving referrals from CE, we have team meetings with each young adult referred to H4S to complete the intake process. Participants then complete an internal assessment tool that identifies an appropriate program "track," which could include an independent unit, a unit in a group home, or a host home placement. This tool takes into account specific needs and barriers of each participant in making a track selection. Case managers complete rent reasonableness studies, and the Housing Navigator works with the young adult to identify the ideal location and living arrangement for each participant. Each participant, once housed, is assigned a full-time case manager to work with them on their Housing Stability Plan and connection to resources at REACH and in the community, including GED instruction, behavioral health counseling, pre-apprenticeship programs, and pro bono legal aid.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

The REACH Center co-locates a robust array of youth and young adult service providers onsite in order to provide easy access for young people engaged in programming. In other words, this coordination and integration is baked into our organizational design.
Coordinated Entry literally meets with young adults at The REACH Center to ensure that everything from the scheduling of the meeting to the physical environment to what happens after the meeting is youth and young adult-focused. This co-location model very often makes the difference between young

people connecting with other resources and not connecting. We are able to make in-person introductions and have multi-disciplinary team meetings with young adults in Housing 4 Success, which gives participants direct connection to behavioral health therapists, legal experts, fair housing experts, and career and education resources. We offer GED instruction and pre-apprenticeship programs onsite, including YouthBuild and a popular Barista Training program. We host a DSHS representative onsite at least one day per week to support with public benefits access. An additional benefit of the co-location model is that it provides a connection point to everything that a given agency provides.
We maintain a strong network of relevant programs and agency by hosting community wide training's on youth and young adult services topics, hosting a monthly community networking event, and by providing other opportunities for agencies to work together and get to know one another, such as our regular cultural celebration events.

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		Partner	As needed
Assistance with Moving Costs		Partner	As needed
Case Management		Applicant	Weekly
Child Care		Non-Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Applicant	As needed
Food		Applicant	As needed
Housing Search and Counseling Services		Partner	As needed
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	Weekly
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Applicant	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	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 benefits are received and renewed?	Yes
6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

List all CoC-funded and Non CoC-funded units and beds for this project

	TH	RRH	Total
Total Units:	10	2	12
Total Beds:	10	4	14

Housing Type	Housing Type (JOINT)	Units	Beds
---	Shared housing	10	10
---	Scattered-site ap...	2	4

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH portion or the RRH portion of the project?	TH
1a. Does this TH portion of the project have private rooms per household?	Yes
1b. Is this a private or semi private room?	Yes
2. Housing Type:	Shared housing
3. What is the funding source for these units and beds? (If multiple sources, select "Mixed" from the dropdown menu)	CoC

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units:	10
b. Beds:	10

5. 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:	901 S 11th St
Street 2:	
City:	Tacoma
State:	Washington
ZIP Code:	98409

6. 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)

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH portion or the RRH portion of the project? RRH

2. Housing Type: Scattered-site apartments (including efficiencies)

3. What is the funding source for these units and beds? (If multiple sources, select "Mixed" from the dropdown menu) CoC

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 2

b. Beds: 4

5. 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: 714 S 27th St

Street 2:

City: Tacoma

State: Washington

ZIP Code: 98409

6. 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)

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

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	2	10	0	12

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	0		0
Persons ages 18-24	2	10		12
Accompanied Children under age 18	2		0	2
Unaccompanied Children under age 18			0	0
Total Persons	4	10	0	14

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										
Persons ages 18-24							2			
Children under age 18							2			
Total Persons	0	0	0	0	0	0	4	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Persons ages 18-24	3	0	0	1	0	1	3	1	1	
Total Persons	3	0	0	1	0	1	3	1	1	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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021?	Yes
2. What type of CoC funding is this project applying for in the 2019 CoC Competition?	Reallocation + CoC Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year

*** 5. Select the costs for which funding is being requested:**

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6. If awarded, will this project require an initial grant term greater than 12 months?	No

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:	$88,152
Total Units:	12

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Tacoma, WA HUD Metro FMR Area (5...	12	$88,152

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

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

Metropolitan or non-metropolitan fair market rent area: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)

SRO	10	x	$580	x	12		=	$69,600
0 Bedroom	2	x	$773	x	12		=	$18,552
1 Bedroom		x	$881	x	12		=	$0
2 Bedrooms		x	$1,145	x	12		=	$0
3 Bedrooms		x	$1,666	x	12		=	$0
4 Bedrooms		x	$2,017	x	12		=	$0
5 Bedrooms		x	$2,320	x	12		=	$0
6 Bedrooms		x	$2,622	x	12		=	$0
7 Bedrooms		x	$2,925	x	12		=	$0
8 Bedrooms		x	$3,227	x	12		=	$0
9 Bedrooms		x	$3,530	x	12		=	$0
Total Units and Annual Assistance Requested	12							$88,152
Grant Term								1 Year
Total Request for Grant Term								$88,152

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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	.25 Program Manager, 1.0 FTE Case Manager, including salaries and benefits	$65,405
4. Child Care		
5. Education Services		
6. Employment Assistance	.20 FTE Vadis coaching and workshop	$10,000
7. Food	$50 per participant for move-in food and $100 for monthly workshop and participant event food	$1,800
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	.25 FTE Shared Housing Services Housing Specialist providing host home recruitment, training, and matching services	$12,000
14. Substance Abuse Treatment Services		
15. Transportation	monthly bus pass ($72) X 12 participants X avg. 8 months needed	$6,912
16. Utility Deposits	$150 average X 12 participants	$1,800
17. Operating Costs		
Total Annual Assistance Requested		$97,917
Grant Term		1 Year
Total Request for Grant Term		$97,917

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$51,196
Total Value of All Commitments:	$51,196

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	Goodwill of the O...	08/09/2019	$51,196

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	In-Kind
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Goodwill of the Olympics
5. Date of Written Commitment:	08/09/2019
6. Value of Written Commitment:	$51,196

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	$88,152	1 Year	$88,152
4. Supportive Services	$97,917	1 Year	$97,917
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$186,069
8. Admin (Up to 10%)			$18,606
9. Total Assistance Plus Admin Requested			$204,675
10. Cash Match			$0
11. In-Kind Match			$51,196
12. Total Match			$51,196
13. Total Budget			$255,871

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Match Letter	09/23/2019
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	MOU	09/23/2019

Attachment Details

Document Description: MOU

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:	Bruce Dammeier
Date:	09/24/2019
Title:	County Executive
Applicant Organization:	Pierce County
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent	X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

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.

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)	09/23/2019
1E. SF-424 Compliance	09/23/2019
1F. SF-424 Declaration	09/23/2019
1G. HUD 2880	09/23/2019
1H. HUD 50070	09/23/2019
1I. Cert. Lobbying	09/23/2019
1J. SF-LLL	09/23/2019
2A. Subrecipients	09/23/2019
2B. Experience	09/23/2019
3A. Project Detail	09/23/2019
3B. Description	09/23/2019
3C. Expansion	09/23/2019
4A. Services	09/23/2019
4B. Housing Type	09/23/2019
5A. Households	09/23/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/23/2019
6E. Rental Assistance	09/23/2019
6F. Supp Srvcs Budget	09/23/2019
6I. Match	09/23/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/23/2019
7A. In-Kind MOU Attachment	09/23/2019
7D. Certification	09/23/2019

Goodwill
Olympics & Rainier Region

August 9, 2019

Jeff Rodgers
Pierce County Community Connections – Homeless Programs
1305 Tacoma Avenue South, Ste 104
Tacoma, WA 98402

Dear Mr. Rodgers:

Please consider this letter as our commitment and certification for non-CoC Program funds to be used to meet The REACH Center/Tacoma Community House's match for Housing 4 Success. This matching support will be used to provide office, meeting, and common room space for this project, case management, and education services for project participants, as a match of the project's Rental Assistance, Supportive Services, and Project Administration Costs requested from HUD CoC, conditioned upon HUD approval of grant. This match will be available for 12 months after the start of the project.

Goodwill of the Olympics and Rainier Region certifies that it will provide an in-kind match in the amount of $51,196 from non-CoC Program funds. Our In-Kind match will address these eligible costs:

- $24,321 in office, meeting, and common room space for this project. This in-kind support includes janitorial services, database management, and IT support.
- $26,875 in staff and supportive service costs for education services (GED instruction, YouthBuild, and/or Barista Training) serving project participants.

If you have any questions, please feel free to call me at (253) 573-6661.

Sincerely,

Eu-wanda D. Eagans
Senior Vice President Workforce Development
Goodwill of the Olympics and Rainier Region

REACH
Resources for Education and Career Help
CENTER

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING, made and entered into this 9th day of August, 2019, by and between The REACH Center/Tacoma Community House (hereinafter referred to as "REACH") and Goodwill of the Olympics and Rainier Region,

In consideration of the mutual promises and obligations hereinafter set forth, the parties hereto agree as follows:

I. Scope of Work and Time of Performance

A. REACH agrees to operate the Housing 4 Success (H4S) program as outlined in Exhibit A.

B. All obligations and services of the REACH undertaken pursuant to this MOU shall be performed diligently and completely.

C. The services of the PARTNER are to commence no earlier than **the start date of the 2019-2020 Continuum of Care budget cycle** and shall be undertaken and completed no later than **twelve months after that date**. Should this MOU be signed after that start date, it shall operate retroactively to that date. The time period for performance shall be extended by the amount of time that REACH is unable to proceed because of a delay solely attributable its funding sources, provided that REACH advises Goodwill of the delay as soon as is practicable.

II. Compensation and Payment

A. Goodwill agrees to contribute $51,196 in market value estimation in-kind services to the REACH Continuum of Care project of Housing 4 Success (H4S) as follows:

a. $24,321 for office, meeting, and common room space, which includes but is not limited to IT and technical support provision, other building services, estimated amortized furniture, desks, and filing space, calculated as follows:

i. Office, work, and common space for 1.0 FTE case worker and 0.3 FTE program manager ($28/sq ft for Class A office space at avg. 151 sq ft. per employee) = $5,496

ii. 1 designated common meeting space, including in-kind costs of maintaining and operating costs associated with that space: $28/sq. ft. x 150 sq. ft. = $4,200

iii. Proportional cost of database management, IT support, and janitorial services: $14,625

b. $26,875 in staff and supportive service costs for education services (GED instruction, YouthBuild, and/or Barista Training), calculated as follows:

i. (0.10 Instructor at $21.63/hour x 3) + (0.10 Tutors/Case Manager at $19.23/hour x 2) = $26,875

B. REACH agrees to comply with all applicable laws imposed pursuant to its Continuum of Care project. If Goodwill is assessed, made liable or responsible in any manner for such charges or taxes, REACH agrees to hold Goodwill harmless from such costs, including attorney's fees.

III. Records, Reports, and Inspection

A. Establishment and Maintenance of Records. REACH shall establish and maintain records in accordance with requirements prescribed by its funding sources and/or federal reporting requirements, with respect to all matters covered by this MOU. REACH shall retain such records for the duration of the REACH Center project or as required by federal law.

B. Background Checks and Employment Eligibility Verification. REACH shall conduct criminal background checks on all employees, interns, or volunteers of the project who will or may have access to children in accordance with RCW 43.43.832 and WAC 440-22-175(3), as applicable.

IV. Ownership of Work/Rights in Data and Publication.

A. REACH shall be solely responsible for obtaining releases for the performance, display, recreational or use of copyrighted materials.

V. Termination of MOU

A. REACH or Goodwill may terminate this MOU at any time, with or without cause, by giving 30 days notice to the other party in writing. In the event of termination prior to completion without cause, REACH may complete such analyses and records as may be necessary to place its files in order, and as mutually agreed to by the parties.

B. Neither party shall be considered to be in default in the performance of this MOU to the extent that performance is prevented or delayed by any cause which is beyond the reasonable control of the affected party.

VII. Indemnification

A. REACH shall indemnify, defend, and hold harmless Goodwill, its officials, officers, agents, employees, and volunteers, from any and all claims, demands, damages, lawsuits, liabilities, losses, liens, expenses and costs arising out of the subject matter of this MOU; provided that this provision shall not apply to the extent that damage or injury results from the fault of Goodwill, or its officers, agents, or employees. The term "fault" as used herein shall have the same meaning as set forth in RCW 4.22.015, as that statute may hereafter be amended.

B. This indemnification shall extend to and include attorney's fees and the cost of establishing the right of indemnification hereunder in favor of REACH and/or Goodwill. This indemnification shall survive termination of this MOU.

VII. Non-discrimination.

REACH agrees to take all steps necessary to comply with all federal, state, and City laws and policies regarding non-discrimination and equal employment opportunities. REACH shall not discriminate in any employment action because of race, creed, color, national origin, marital status, sex, age, or the presence of any sensory, mental or physical handicap. In the event of non-compliance by REACH with any of the non-discrimination provisions of this MOU, Goodwill shall be deemed to have cause to terminate this MOU, in whole or in part.

REACH
Resources for Education and Career Help
CENTER

IX. Amendment to MOU

Material changes in the scope and character of services and/or deliverables, as well as other items contained in the scope of work, may be made during the course of the project upon mutual execution of a written amendment to this MOU by all signatories.

X. Miscellaneous Provisions.

A. Governing Law and Venue. Washington law shall govern the interpretation of this MOU. Pierce County shall be the venue of any mediation, arbitration or lawsuit arising out of this MOU.

B. Severability and Survival. If one or more of the clauses of this MOU is found to be unenforceable, illegal or contrary to public policy, the MOU will remain in full force and effect except for the clauses that are unenforceable, illegal or contrary to public policy.

C. Entire Agreement. This MOU and attached Exhibits constitutes the complete and final MOU of the parties, replaces and supersedes all oral and/or written proposals and agreements heretofore made on the subject matter, and may be modified only by a writing signed by both parties.

D. No Third Party Beneficiaries. This MOU shall be for the sole benefit of the parties hereto, and nothing contained herein shall create a contractual relationship with, or create a cause of action in favor of, a third party against either party hereto.

IN WITNESS WHEREOF the parties hereto have executed this MOU as of the day and year first written above.

The REACH Center

Nicholas M. Bayard, Director

Goodwill of the Olympics and Rainier Region

Eu-wanda D Eagans
Senior Vice President Workforce Development

Tacoma Community House

Lauren Walker Lee, Executive Director

EXHIBIT "A"
SCOPE AND SCHEDULE OF WORK
The REACH Center

Brief paragraph description of the program/project

Time of Service:	12 months from start of 2019-2020 project budget cycle
Target group:	18-24 year olds
Activity or Service:	Rapid rehousing services

PARTNER's Major Responsibilities:

1. Provide rapid rehousing services to up to 15 young adults ages 18-24 pursuant to Pierce County Contract SC-104515 and in alignment with the mission and vision of the Housing 4 Success program.

2. Provide case management and wrap-around supportive services to participants in the Housing 4 Success program.

3. Report key deliverables of the Housing 4 Success program to the REACH Leadership Team.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0158
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Rural Bright Futures
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-008, WA-010
17. Proposed Project	
a. Start Date:	07/01/2020
b. End Date:	06/30/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$51,515.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Rural Bright Futures 1305 Tacoma Avenue South Tacoma Washington

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/12/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Pierce County
Street 1:	1305 Tacoma Avenue South
Street 2:	Suite 104
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip / Postal Code:	98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $51,515

Organization	Type	Type	Sub-Award Amount
Helping Hand House	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$51,515

2A. Project Subrecipients Detail

a. Organization Name: Helping Hand House

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1275046

	*** d. Organizational DUNS:**	612648972	**PLUS 4**	

e. Physical Address

Street 1: 4321 2nd Street SW

Street 2:

City: Puyallup

State: Washington

Zip Code: 98373

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-008, WA-010

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: $51,515

j. Contact Person

Prefix: Mr.

First Name: Pat

Middle Name:

Last Name: Williams

Suffix:	
Title:	Program Manager
E-mail Address:	patw@helpinghandhouse.org
Confirm E-mail Address:	patw@helpinghandhouse.org
Phone Number:	253-848-6096
Extension:	
Fax Number:	253-770-1548

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: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0158
2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	Rural Bright Futures
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Helping Hand House's Rural Bright Futures (RBF) Permanent Supportive Housing Program provides housing and services to families with at least one child under 18 years of age that meet the HUD definition of literally homeless, have income at or below 30% of Area Median Income and in which at least one head of household has a documented disability. The program currently serves families that met the HUD definition of chronically homeless. Families enter the program exclusively through Pierce County Coordinated Entry System.
HHH serves families in eight agency-owned homes in rural eastern Pierce County where service-enriched permanent housing programs are not readily available. Families receive rental assistance though Pierce County Housing Authority housing vouchers, pay 30% of their adjusted income toward rent costs, and are subject to recertification annually for program eligibility. As long as client families remain eligible at the time of their annual recertification, there I no expectation that they will exit the program.
The Rural Bright Futures project uses a Housing First approach to providing immediate housing services to quickly place families in housing that is not time-limited. The program then provides individualized and tailored services utilizing Progressive Engagement and Motivation Interviewing engagement styles tailored to the meet and self-identified needs of each family being served. The program's goal is to help each family define their unique pathway to self-sufficiency and support them in reaching their goals.
The RBF Program Specialist connects with the family on a monthly basis. Each meeting is focused on helping the family develop self-identified connections to education, employment, financial literacy, and life skills to create a Family Stability Plan in the hopes of securing living-wage employment and permanent housing. Services and other training are provided periodically by referral agencies when the need is communicated to HHH. All interactions with clients are retained in client case files and, when in the Pierce County's HMIS database.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	

Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the 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	Monthly
Child Care		Subrecipient	As needed
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Partner	Monthly
Food		Subrecipient	Quarterly
Housing Search and Counseling Services		Subrecipient	Quarterly
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 8

Total Beds: 34

Total Dedicated CH Beds: 34

Housing Type	Housing Type (JOINT)	Units	Beds
Single family homes/townhou...	---	1	2
Single family homes/townhou...	---	1	3
Single family homes/townhou...	---	1	4
Single family homes/townhou...	---	1	6
Single family homes/townhou...	---	1	6
Single family homes/townhou...	---	1	5
Single family homes/townhou...	---	1	3
Single family homes/townhou...	---	1	5

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: 1

b. Beds: 2

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 2

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 391 Edith Street

Street 2:

City: Buckley

State: Washington

ZIP Code: 98321

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539053 Pierce County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

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: 681 Coul Avenue

Street 2:

City: Buckley

State: Washington

ZIP Code: 98321

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539053 Pierce County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

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: 20915 120th Street East

Street 2:

City: Bonney Lake

State: Washington

ZIP Code: 98390

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539053 Pierce County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

b. Beds: 6

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 6

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 178 Baumgartner Place

Street 2:

City: Eatonville

State: Washington

ZIP Code: 98328

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539053 Pierce County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

b. Beds: 6

3. How many beds of the total beds in "2b. 6

Beds" are dedicated to the chronically homeless?

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 162 Berggren North

Street 2:

City: Eatonville

State: Washington

ZIP Code: 98328

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539053 Pierce County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

b. Beds: 5

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: 504 Calistoga West

Street 2:

City: Orting

State: Washington

ZIP Code: 98360

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539053 Pierce County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

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: 707

Street 2: Grinnell

City: Orting

State: Washington

ZIP Code: 98360

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539053 Pierce County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

b. Beds: 5

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: 318 Icey Street

Street 2:

City: Orting

State: Washington

ZIP Code: 98360

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539053 Pierce 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	0	0	8

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	11	0		11
Persons ages 18-24	0	0		0
Accompanied Children under age 18	26		0	26
Unaccompanied Children under age 18			0	0
Total Persons	37	0	0	37

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	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	0	0		0		1	10
Persons ages 18-24		0							0	
Children under age 18	0				0	0	0	1	7	18
Total Persons	0	0	0	0	0	0	0	1	8	28

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										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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:

It is not a program requirement for all family members to have a disability. A family must have at least one member that has a disability to qualify for the program.

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
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:	$12,879
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$12,879

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	Private	Helping Hand House	08/14/2019	$12,879

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Helping Hand House
5. Date of Written Commitment:	08/14/2019
6. Value of Written Commitment:	$12,879

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

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	$46,848
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$46,848
7. Admin (Up to 10%)	$4,667
8. Total Assistance plus Admin Requested	$51,515
9. Cash Match	$12,879
10. In-Kind Match	$0
11. Total Match	$12,879
12. Total Budget	$64,394

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Designations	09/15/2017
2) Other Attachmenbt	No	Match Letter	09/12/2019
3) Other Attachment	No		

Attachment Details

Document Description: IRS Designations

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	X
7B. Certification	X

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):

updating housing first, updating budgets based on approved changes

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	09/12/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/12/2019

1E. SF-424 Compliance	09/12/2019
1F. SF-424 Declaration	09/12/2019
1G. HUD-2880	09/12/2019
1H. HUD-50070	09/12/2019
1I. Cert. Lobbying	09/12/2019
1J. SF-LLL	09/12/2019
Recipient Performance	09/12/2019
Renewal Expansion	09/12/2019
Renewal Grant Consolidation	09/12/2019
2A. Subrecipients	09/12/2019
3A. Project Detail	09/12/2019
3B. Description	09/12/2019
3C. Dedicated Plus	09/12/2019
4A. Services	09/12/2019
4B. Housing Type	09/12/2019
5A. Households	09/12/2019
5B. Subpopulations	09/12/2019
6A. Funding Request	09/12/2019
6D. Match	09/12/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/12/2019
7B. Certification	09/12/2019
Submission Without Changes	09/12/2019

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

MAY 15 2008

Date: MAY 07 2008

Person to Contact:
Vaida Singleton
ID# 31-03018
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
91-1275046

HELPING HAND HOUSE
PO BOX 710
PUYALLUP WA 98371-0184

Dear Sir or Madam:

This is in response to your request of May 4, 2007, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in March 1985 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 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.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Cindy Westcott

Cindy Westcott
Manager, Exempt Organizations
Determinations

Helping Hand House
4321 2nd St SW. Puyallup. WA 98373
(253) 848-6096
www.HelpingHandHouse.org

August 14. 2019

Jeff Rodgers
Pierce County Human Services
1305 Tacoma Avenue South, Ste 104
Tacoma, WA 98402

Dear Mr. Rodgers:

Please consider this letter as our commitment and certification for non-CoC Program funds to be used to meet Helping Hand House match for our Rural Bright Futures Project. Funds will be used to provide Program Administrative Costs and Support Services, requested from HUD CoC conditioned upon HUD approval of grant. This match will be available July 1, 2020 through June 30, 2021.

Helping Hand House certifies that it will provide cash resources in the amount of $12,879 made available through Private Funding.

If you have any questions, please feel free to call me at 253-213-2256 or by e-mail at Kevin@helpinghandhouse.org.

Sincerely,

Kevin M. Bates
Chief Executive Officer

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0159
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Safe Choices Expansion
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
17. Proposed Project	
a. Start Date:	12/01/2020
b. End Date:	11/30/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$323,054.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Safe Choices Expansion 1305 Tacoma Avenue South Tacoma Washington

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/16/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$307,161.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1201 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1201 Pacific Ave #2100
Tacoma WA 98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $323,054

Organization	Type	Type	Sub-Award Amount
Exodus Housing	M. Nonprofit with 501C3 IRS Status		$323,054

2A. Project Subrecipients Detail

a. Organization Name: Exodus Housing

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 60-1584942

	*** d. Organizational DUNS:**	120590331	**PLUS 4**	

e. Physical Address

Street 1: 15318 Washington St Suite 102

Street 2: PO BOX 1006

City: Sumner

State: Washington

Zip Code: 98390

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-009, WA-008, WA-010

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $323,054

j. Contact Person

Prefix: Mrs.

First Name: Tonya

Middle Name: Anne

Last Name: Tunnell-Thornhill

Suffix:	
Title:	Executive Director
E-mail Address:	tonya@exodushousing.org
Confirm E-mail Address:	tonya@exodushousing.org
Phone Number:	253-862-6808
Extension:	
Fax Number:	253-826-2169

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0159
2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	Safe Choices Expansion
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	RRH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Exodus Housing provides rapid rehousing, monthly rental assistance, and ongoing case management supportive services to some of Pierce County's most vulnerable families. We serve low-income households fleeing, or attempting to flee from domestic violence who lack the resources to secure housing or temporary shelter on their own. We follow the housing first model, in which we immediately address the housing needs of at-risk households by moving them rapidly from homelessness to housing and follow up with case management. We are a low barrier program which means all households are accepted into the program if they meet the HUD category 4 definition. Our program is a scattered site leasing model, in which households rent FMR apartments of their choice from private landlords. This ensures the family is securing housing to fit their needs. Our Family Service Specialists assist with housing location, and acts as the liaison between the family and the landlord for rental negotiation.

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**	X
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based

on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Partner	As needed
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Subrecipient	As needed
Child Care		Non-Partner	As needed
Education Services		Applicant	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Non-Partner	As needed
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Non-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 No

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

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: 25

Total Beds: 80

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	25	80

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 25

b. Beds: 80

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: 15318 Washington Street Suite 102

Street 2: PO Box 1006

City: Sumner

State: Washington

ZIP Code: 98390

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539053 Pierce 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	20	5	0	25

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	13	4		17
Persons ages 18-24	9	1		10
Accompanied Children under age 18	53		0	53
Unaccompanied Children under age 18			0	0
Total Persons	75	5	0	80

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							13			
Persons ages 18-24							9			
Children under age 18							53			
Total Persons	0	0	0	0	0	0	75	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							4			
Persons ages 18-24							1			
Total Persons	0	0	0	0	0	0	5	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

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year
5. Select the costs for which funding is being requested:	
Rental Assistance	X
Supportive Services	X
HMIS	

6C. Rental Assistance Budget

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:	$254,724
Total Units:	19

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Tacoma, WA HUD Metro FMR Area (5...	10	$131,064
TRA	WA - Tacoma, WA HUD Metro FMR Area (5...	9	$123,660

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$580		x	12		=	$0
0 Bedroom		x	$773		x	12		=	$0
1 Bedroom	2	x	$881		x	12		=	$21,144
2 Bedrooms	8	x	$1,145		x	12		=	$109,920
3 Bedrooms		x	$1,666		x	12		=	$0
4 Bedrooms		x	$2,017		x	12		=	$0
5 Bedrooms		x	$2,320		x	12		=	$0
6 Bedrooms		x	$2,622		x	12		=	$0
7 Bedrooms		x	$2,925		x	12		=	$0
8 Bedrooms		x	$3,227		x	12		=	$0
9 Bedrooms		x	$3,530		x	12		=	$0
Total Units and Annual Assistance Requested	10								$131,064
Grant Term									1 Year
Total Request for Grant Term									$131,064

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: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$580		x	12		=	$0
0 Bedroom		x	$773		x	12		=	$0
1 Bedroom		x	$881		x	12		=	$0
2 Bedrooms	9	x	$1,145		x	12		=	$123,660
3 Bedrooms		x	$1,666		x	12		=	$0
4 Bedrooms		x	$2,017		x	12		=	$0
5 Bedrooms		x	$2,320		x	12		=	$0
6 Bedrooms		x	$2,622		x	12		=	$0
7 Bedrooms		x	$2,925		x	12		=	$0
8 Bedrooms		x	$3,227		x	12		=	$0
9 Bedrooms		x	$3,530		x	12		=	$0
Total Units and Annual Assistance Requested	9								$123,660
Grant Term									1 Year
Total Request for Grant Term									$123,660

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:	$80,764
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$80,764

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	Private	Evergreen Capital	08/15/2019	$60,000
Yes	Cash	Private	Cash- Private don...	08/15/2019	$20,764

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Evergreen Capital
5. Date of Written Commitment:	08/15/2019
6. Value of Written Commitment:	$60,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Cash- Private donations
5. Date of Written Commitment:	08/15/2019
6. Value of Written Commitment:	$20,764

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$254,724
3. Supportive Services	$52,437
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$307,161
7. Admin (Up to 10%)	$15,893
8. Total Assistance plus Admin Requested	$323,054
9. Cash Match	$80,764
10. In-Kind Match	$0
11. Total Match	$80,764
12. Total Budget	$403,818

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Desig	09/17/2019
2) Other Attachmenbt	No	match letter	09/17/2019
3) Other Attachment	No		

Attachment Details

Document Description: IRS Desig

Attachment Details

Document Description: match letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

update summary budget based on approved grant amounts. update 3b based on approved grant amount. update subs award amount
4B, 5A, 5B- updating based on HUD approved combination project, updating unit numbers

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	09/16/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/16/2019

1E. SF-424 Compliance	09/16/2019
1F. SF-424 Declaration	09/16/2019
1G. HUD-2880	09/16/2019
1H. HUD-50070	09/16/2019
1I. Cert. Lobbying	09/16/2019
1J. SF-LLL	09/16/2019
Recipient Performance	09/16/2019
Renewal Expansion	09/16/2019
Renewal Grant Consolidation	09/16/2019
2A. Subrecipients	09/16/2019
3A. Project Detail	09/16/2019
3B. Description	09/16/2019
4A. Services	09/16/2019
4B. Housing Type	09/17/2019
5A. Households	09/17/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/17/2019
6C. Rental Assistance	09/16/2019
6D. Match	09/17/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/17/2019
7B. Certification	09/17/2019
Submission Without Changes	09/17/2019

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 11 1998

EXODUS HOUSING
PO BOX 1006
SUMNER, WA 98390

Employer Identification Number:
91-1660137
DLN:
17053030742039
Contact Person:
THOMAS E O'BRIEN ID# 31187
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
May 1995
Addendum Applies:
No

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,

C. Ashley Bullard

District Director

August 15, 2019

Jeff Rodgers
Pierce County Community Connections Homelessness
1305 Tacoma Ave South Suite 104
Tacoma, WA 98402

Subject: Match Documentation for FY 2020-2021 COC Safe Choices RRH Project

Dear Jeff:

This letter is to confirm that Exodus Housing is committing $80,764 in matching cash contributions, for our Continuum of Care – Safe Choices Rapid Rehousing Program. This funding will be available for the project period August 1, 2020 – July 31, 2021.

Our commitment will provide matching cash funds for rental assistance, supportive services, case management and operations costs.

Private Funding secured:
Evergreen Capital Trust: $60,000
We have a multi-year funding agreement with Evergreen Capital Trust and we currently receive $60,000 annually for General Operations.
25th Celebration Event: $20,764
We recently held an event that made $25,000 so we will earmark $20,764 of this funding for our 2020-2021 COC application.

Respectfully,

Tonya Tunnell-Thornhill
Executive Director

Tonya@exodushousing.org

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0144
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	SCH Sponsor Based Rental Assistance
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-010, WA-006
17. Proposed Project	
a. Start Date:	05/01/2020
b. End Date:	04/30/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$181,169.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: SCH Sponsor Based Rental Assistance 1305 Tacoma Avenue South Tacoma Washington

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/17/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$164,751.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $181,169

Organization	Type	Type	Sub-Award Amount
Share & Care House	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$181,169

2A. Project Subrecipients Detail

a. Organization Name: Share & Care House

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1741654

	*** d. Organizational DUNS:**	180404402	**PLUS 4**	

e. Physical Address

Street 1: 702 23rd Ave SE

Street 2: PO Box 800, 98371

City: Puyallup

State: Washington

Zip Code: 98372

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-008, WA-006, WA-010

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: $181,169

j. Contact Person

Prefix: Ms.

First Name: Charlene

Middle Name:

Last Name: Hamblen

Suffix:	
Title:	Executive Director
E-mail Address:	charleneh@shareandcarehouse.com
Confirm E-mail Address:	charleneh@shareandcarehouse.com
Phone Number:	253-840-3402
Extension:	771
Fax Number:	253-840-3401

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:	WA0144

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	SCH Sponsor Based Rental Assistance
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

The Sponsored-Based Rental Assistance program provides permanent affordable housing for 23 chronically homeless disabled households. A continuum of supportive case management is offered appropriate to the needs of the population served to promote independence and housing stability. Greater Lakes Mental Health provides mental health services, as needed, through MOU with Share & Care House (SCH). Appropriate level of Supportive Services may be less than the value of aggregate amount of rental assistance funded by HUD due to participant longevity, etc. within SBRA project. SCH partners with Metropolitan Development Council (MDC) to provide housing at a site owned by MDC, Park Court, where participants rent directly from MDC. SCH leases the additional units at scattered sites and subleases to participants.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	
Case Management		Subrecipient	Monthly
Child Care		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		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		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: 23

Total Beds: 23

Total Dedicated CH Beds: 23

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	11	11
Scattered-site apartments (...	---	4	4
Scattered-site apartments (...	---	4	4
Scattered-site apartments (...	---	4	4

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 11

b. Beds: 11

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 11

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 502 108th St. S

Street 2:

City: Tacoma

State: Washington

ZIP Code: 98444

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539053 Pierce County

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 4

b. Beds: 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: 10806 Kline St

Street 2:

City: Lakewood

State: Washington

ZIP Code: 98499

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

530795 Lakewood

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: Lakewood

State: Washington

ZIP Code: 98499

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

530795 Lakewood

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: 8101 83rd St

Street 2:

City: Lakewood

State: Washington

ZIP Code: 98499

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

530795 Lakewood

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		23		23

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24		23		23
Persons ages 18-24		0		0
Accompanied Children under age 18			0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	23	0	23

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										
Persons 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	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	22	1	0	8	0	0	0	0	0	0
Persons ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	22	1	0	8	0	0	0	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

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:	$145,692
Total Units:	22

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	WA - Tacoma, WA HUD Metro FMR Area (5...	22	$145,692

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	1	x	$580	$457	x	12		=	$5,484
0 Bedroom	11	x	$773	$494	x	12		=	$65,208
1 Bedroom	10	x	$881	$625	x	12		=	$75,000
2 Bedrooms		x	$1,145	$964	x	12		=	$0
3 Bedrooms		x	$1,666	$1,421	x	12		=	$0
4 Bedrooms		x	$2,017	$1,707	x	12		=	$0
5 Bedrooms		x	$2,320	$1,963	x	12		=	$0
6 Bedrooms		x	$2,622	$2,219	x	12		=	$0
7 Bedrooms		x	$2,925	$2,475	x	12		=	$0
8 Bedrooms		x	$3,227	$2,731	x	12		=	$0
9 Bedrooms		x	$3,530	$2,987	x	12		=	$0
Total Units and Annual Assistance Requested	22								$145,692
Grant Term									1 Year
Total Request for Grant Term									$145,692

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:	$45,500
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$45,500

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

rental contributions

1b. Estimate the amount of program income that will be used as Match for this project: $25,500

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Program Income	08/01/2019	$25,500
Yes	Cash	Government	Local Document Re...	08/01/2019	$20,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Program Income
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$25,500

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: (Be as specific as possible and include the office or grant program as applicable)	Local Document Recording Fees
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$20,000

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$145,692
3. Supportive Services	$19,059
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$164,751
7. Admin (Up to 10%)	$16,418
8. Total Assistance plus Admin Requested	$181,169
9. Cash Match	$45,500
10. In-Kind Match	$0
11. Total Match	$45,500
12. Total Budget	$226,669

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Desig	11/18/2015
2) Other Attachmenbt	No	Match Letter	09/17/2019
3) Other Attachment	No		

Attachment Details

Document Description: IRS Desig

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

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):

updating budget information based on HUD approved amendments

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	09/17/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/17/2019
1E. SF-424 Compliance	08/13/2019
1F. SF-424 Declaration	09/17/2019
1G. HUD-2880	09/17/2019
1H. HUD-50070	09/17/2019
1I. Cert. Lobbying	09/17/2019
1J. SF-LLL	09/17/2019
Recipient Performance	08/13/2019
Renewal Expansion	09/17/2019
Renewal Grant Consolidation	09/17/2019
2A. Subrecipients	08/13/2019
3A. Project Detail	09/17/2019
3B. Description	08/13/2019
3C. Dedicated Plus	08/13/2019
4A. Services	08/13/2019
4B. Housing Type	08/13/2019
5A. Households	08/13/2019
5B. Subpopulations	No Input Required
6A. Funding Request	08/13/2019
6C. Rental Assistance	08/13/2019
6D. Match	09/17/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/13/2019
7B. Certification	09/17/2019
Submission Without Changes	09/17/2019

Internal Revenue Service

District
Director

Department of the Treasury

EP/EO DISCLOSURE DESK
P.O. Box 2350 Los Angeles, Calif. 90053

Person to Contact: Felicia C. Miraflor

Telephone Number: (213) 894- 4292

Refer Reply to: EO-601-88

Date: JUNE 29, 1988

RE: GREATER LAKES MENTAL HEALTH FOUNDATION INC.

GREATER LAKES MENTAL HEALTH
FOUNDATION INC.
9108 LAKEWOOD DR SW
TACOMA, WA 98499-3999

Dear Applicant:

This is in response to your request for a determination letter of the above organization.

A review of our records indicate that GREATER LAKES MENTAL HEALTH FOUNDATION INC. was recognized to be exempt from Federal income tax in OCTOBER 1966 as an organization described in Section 501 (C)(3) of the Internal Revenue Code. It is further classified as an organization that is not a private foundation as defined in Section 509 (a) of the Code, because, it is an organization described in Section 170(b)(1)(A)(vi).

There is no change in status of this organization as ot this date.

Sincerely,

Grace Chautran

Grace Chautran for
Felicia C. Miraflor
Disclosure Assistant

Post-it® Fax Note 7671	Date 9/10	# of pages ▶ 1
To Jeff Rodgers	From Mary Herem	
Co./Dept.	Co.	
Phone #	Phone # 2	
Fax # 253 798.3999	Fax #	

Share & Care House

Puyallup Office
P.O. Box 800
702 23rd Ave SE
Puyallup, WA 98371
(253) 841-8886
Fax#: (253) 840-3401

Seattle Office
11460 1st Ave South
Seattle, WA 98168
(206) 764-4849
Fax#: (206) 767-3529

Guardian/Tacoma Office
3418 McKinley Ave
Tacoma, WA 98404
(253) 564-4194
Fax#: (253) 564-4237

Tigard Office
P.O. Box 230849
13855 Pacific Hwy
Tigard, OR 97281
(503) 684-8882
Fax#: (503) 684-8880

August 1, 2019

Jeff Rodgers
Pierce County Human Services
1305 Tacoma Avenue South, Suite 104
Tacoma, WA 98402

RE: FY May 1, 2020 – April 30, 2021 HUD Project – Sponsor Based Rental Assistance (SBRA)

Dear Mr. Rodgers,

Share & Care House (SCH) has committed $45,500 for SBRA during May 1, 2020 – April 30, 2021. These committed funds are generated by program income and DRF and not statutorily prohibited to be used as a match.

The only condition for this match is the approval of the HUD grant requested for this time period. Please let me know if you have any questions.

Sincerely,

Charlene Hamblen, CPG
Share & Care House, Executive Director
(253) 840-3402 ext. 771
charleneh@shareandcarehouse.com

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/26/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4:**	

d. Address

Street 1: 1305 Tacoma Avenue South
Street 2: Suite 104
City: Tacoma
County: Pierce
State: Washington
Country: United States
Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Jeffrey
Middle Name:
Last Name: Rodgers
Suffix:
Title: Supervisor, Homeless Programs
Organizational Affiliation: Pierce County
Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Selah Center
16. Congressional District(s):	
a. Applicant:	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
17. Proposed Project	
a. Start Date:	12/01/2020
b. End Date:	11/30/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN): 91-6001359

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $413,322.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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 (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$413,322.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from

No. 10a) (last name, first name, MI):

Thomas Gordon Honeywell
1200 Pacific Ave #2100
Tacoma WA 98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2019

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $413,323

Organization	Type	Sub-Award Amount
Salvation Army	M. Nonprofit with 501C3 IRS Status	$413,323

2A. Project Subrecipients Detail

a. Organization Name: Salvation Army

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 94-1156347

	*** d. Organizational DUNS:**	074629460	**PLUS 4:**	

e. Physical Address
Street 1: 1501 51st Ave
Street 2:
City: Tacoma
State: Washington
Zip Code: 98405

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-006

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: $413,323

j. Contact Person
Prefix: Major
First Name: Martha
Middle Name:

Last Name:	Sheppard
Suffix:	
Title:	Corps Officer
E-mail Address:	marthasheppard@usw.salvationarmy.org
Confirm E-mail Address:	marthasheppard@usw.salvationarmy.org
Phone Number:	530-277-8696
Extension:	
Fax Number:	

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.

The applicant, The Salvation Army, Northwest Division (TSA-NW), has operated shelters and housing programs for more than 50 years in Washington State. TSA Women's Shelter, located in Seattle on Capitol Hill, is a low-barrier, housing-first shelter program that has been a safe haven for countless women over the past 20 years. Hickman House in Seattle has been offering similar services to families fleeing domestic violence.
Catherine Booth House offered 24 beds to DV single women until 2018. In Seattle, The Salvation Army operates over 1,000 shelter beds currently.

Locally, The Salvation Army in Tacoma (TSA-T) also has experience operating several shelter programs (emergency family, chronically homeless women, seniors, safe parking, and cold weather) since 1983. These programs all require a degree of flexibility in their programming, well trained staff members, and a program support team that starts at a much higher level than local leadership. All local programs are governed by standard operating procedures for each type of program, which can also conform to local funding guidelines (county, ESG, private funders, etc.). This guarantees a quality program that uses best practices, has internal auditing processes, and allows for input on several levels of service provision.

Majors Don and Martha Sheppard have operated shelters of various kinds (including DV) in both rural and metro areas, extreme weather locations, and areas with dense homeless populations for the past 25 years as officers in TSA at large. They are familiar with the importance of trauma informed care, helping clients develop safety plans, and working with the most vulnerable population in their low-barrier shelters.

In their most recent appointment before Tacoma, they led TSA in becoming the lead agency for the newly formed local COC and helped to develop the COC 1O year plan to address homelessness, implementing HPRP (Homeless Prevention and Rapid Rehousing) in 2011, and starting the HMIS program for their consolidated Continuum of Care (CA-515). TSA and the Sheppards are very familiar with Coordinated Entry and other best practices recommended by HUD for addressing homelessness. TSA-NW oversees several Rapid Rehousing programs and has developed systems for client-centered case management, employee trainings, and accurate and timely process of payments.

TSA-NW has a variety of funding sources, including private donors, which makes it possible for us to provide match dollars from eligible sources. A donor relations director works full-time to procure local funds to make sure that community needs are being met. A finance team in Seattle helps to ensure that

grant funding is recorded and processed appropriately, a local contracts manager works closely with the local funders to make sure monthly reports are accurate, and a local accounts payable clerk follows strict guidelines on processing rental assistance checks.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

The Salvation Army - Northwest Division writes grants annually to secure funding from a variety of sources. The divisional offices are located in Seattle, Washington and provide oversight of Tacoma, Washington in the areas of program development, financial accountability, and donor relations. The bulk of our operating costs comes from private donors and foundations. The Donor Relations Director is stationed out of Seattle but works locally with donors from Pierce County and Thurston County to make sure that local community needs are addressed.
Locally, there are grants and funding opportunities currently in place from the City of Tacoma, City of Puyallup, Building Changes, and Associated Ministries. These help to support the shelter programs operating in Tacoma at the Jarvie Lodge.
Majors Sheppard, the Donor Relations Director, and the Community Outreach Coordinator speak to multiple clubs, foundations, and groups, soliciting and leveraging support for the unique programs that are operated at TSA-T. These programs include EFSP (for utilities and rental assistance), grants from Food Lifeline and Emergency Food Network for our food pantry operations, Building Changes (an innovative solutions grant to provide same day coordinated entry at the shelter door), United Way (to help end generational poverty), Pathways of Hope (also ending generational poverty), and T.L. Williams (grant for helping trafficking victims and homeless seniors).
Each of these funding sources is tracked and coordinated at a local level in Tacoma/Pierce County, processed and approved in Seattle (at a divisional level). Grant coordination also happens at a territorial level, to ensure that the organization at large is following program guidelines, best practices, match requirements, and leveraging resources to the best of our ability.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The applicant for this grant will be The Salvation Army, Northwest Division (Services will be provided in Tacoma, Washington, under the guidance of local and divisional leadership in Seattle). A legal review will be processed at the territorial level. The required signature forms are also signed at the territorial level (E-verify Certification and the Required Assurances).
The authorized representative for signing the contract representative will be the Divisional Leader of The Salvation Army- Northwest Division (currently Lt. Colonel Bill A Dickinson). The Divisi on conducts operation of TSA in the State of Washington. Montana, and Idaho. It operates a variety of programs, including corps community centers that provide spiritual, education, and recreational services; homeless and emergency shelters; seniors citizens' residences; children's day care centers, adult rehabilitation centers and substance abuse

centers, emergency disaster services, assistance for the poor, disabled, and retired; jail and hospital visitation, and camping activities.
There is a Social Services Department at both the territorial and the divisional level, which ensures that National Standards of Service operations are met. All programs that provide social services (shelters, food programs, housing assistance, and more) have to go through an approval process through Program Councils on both levels to ensure quality programming and community need.
National Standards are very familiar with the best practices currently endorsed by HUD and the strategies put forth by USICH. The Salvation Army is moving from a homeless system that manages shelters to a crisis response system that leads to housing.
The Northwest Division also provides the financial processing and accountability for the local programs. All funding reimbursements, rental assistance checks, operations invoices are processed first at the local level and paid at a divisional level. There are several quality checks that each request has to go through (i.e. rental assistances have to have appropriate backup, no payments are made to a client, etc.). This is done on a bi-weekly basis (2x week) so that landlord checks can be processed within a week.
TSA has all of its programs go through several auditing processes throughout the year so that any financial problems are addressed quickly and do not go unchecked. Our last independent auditors report was on 2/11/19 and performed by Deloitte & Touche, LLP.

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:	WA-503 - Tacoma, Lakewood/Pierce County CoC
1b. CoC Collaborative Applicant Name:	Pierce County
2. Project Name:	Selah Center
3. Project Status:	Standard
4. Component Type:	Joint TH & PH-RRH
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).	No
7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?	X
8. Does this project include Replacement Reserves?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The Selah Center Is a crisis response program for persons fleeing from domestic violence (which includes stalking, dating violence, and/or trafficking). These families and female-identifying individuals will be identified through the Coordinated Entry System.
They can also be referred by the District Attorney's office (for trafficking survivors) and the local sexual assault coalition, Rebuilding Hope. Immediate stabilization services are offered through our SHIELD Center, where a trained CE specialist can offer Diversion services if appropriate. For DV households, immediate stabilization services might include developing a safety plan, connecting with family or distant support system, and entering "interim" shelter at the Selah Center.
Housing First principles guide all the work that takes place. Households are given the option to access transitional living and/or Rapid Rehousing, whichever fits the need of the household. Supportive services are available before, during and even after housing is secured. Survivors who have fled often need help getting new copies of birth certificates, identification, filing a protection order, keeping children's education uninterrupted, etc.
With the support of an advocate, participants identify what areas need to be addressed and begin removing barriers to housing and increasing resources. The Wellness Matrix (Self-Sufficiency Matrix) is used as one assessment tool (among others) and can lead to such goals as increasing income through employment, accessing behavioral health services or recovery programs, connecting with family or spiritual support systems, resolving legal issues such as divorce & custody, and developing a sense of self-worth. (Housing is NOT dependent upon meeting these goals or changing behavior).
Six private family units and six openings for female-identifying individuals are available. (These rooms are not currently being used for shelter and were recently vacated in a shelter facility that used them for employee housing and offices.) Meals, linens, laundry, and other basic needs are provided for the participants. Families with older male children are allowed to stay together.
Using Housing First, but recognizing that this particular population may require longer stays, Selah Center will serve 12 households/year with children and 12 single adults/year in the interim housing (transitional living) and 24 households with Rapid Rehousing services.
TSA-T meets weekly with a very active, award-winning homeless coalition which has more than 40 providers of direct service. DV clients and survivors of trafficking will receive specialized support through groups such as Triple P Parenting, Crystal Judson Family Justice Center, Olive Crest, Our Sisters House, Korean Women's Association, and Family Renewal Shelter.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or

structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

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?	15			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?	45			
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		Domestic Violence	X
Veterans		Substance Abuse	X
Youth (under 25)		Mental Illness	
Families	X	HIV/AIDS	
		Other (Click 'Save' to update)	

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

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.

no applicable

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

If a household chooses to be part of the Transitional Living program (Selah Center), they will reside at 1501 6th Avenue, Tacoma, Washington. The Selah Center (interim housing) will use seven rooms at the Jarvie Lodge, (which also offers emergency shelter to families with children and single adults in separate rooms). The rooms designated for Selah Center have not previously been used for emergency shelter so they are new beds for our county.
These rooms have a secure location (no outside, on the street egress), are on

video camera surveillance for safety purposes, and located close to the office. Due to the nature of DV situations, this will allow staff to be easily available if something happens. There is a private bath for each family and kitchen space is available to use for personal meals, as well as a in-house community meal (if the family feels safe eating with others).

8. Will more than 16 persons live in one structure? Yes

a. Describe the local market conditions that necessitate a project of this size.

Selah center is located at a remodeled apartment building that has been used as a family shelter and employee lodging for the past 35 years.

Housing in Pierce County has risen to level that makes housing units currently unaffordable by the average wage earner. Staying in interim housing at the Selah Center for a short time while waiting for affordable housing to become available will help households who need additional time to be able to maintain housing on one income.

b. Describe how the project will be integrated into the neighborhood.

TSA-T has operated a family emergency shelter at this location since 1983. Staff has worked hard to ensure that parking, waste management, noise levels, and foot traffic are monitored carefully to keep everyone safe. There is good rapport with the surrounding neighbors.

TSA-T recently fenced the neighboring lot that they own so that households can park their cars in a safe area, if needed. This means that parking in the neighborhood will not be impacted. Most of the households have adjusted to the neighborhood quite well, even visiting a nearby park for family outings and enjoying walking their pet& around the neighborhood. This has put a face on the problem - and the neighborhood has been very gracious to the people who are experiencing homelessness.

3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?	No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.	X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

Clients will be referred to Landlord Liaison Project or helped to contact landlords directly, if openings are not available. RR staff will work with clients to ensure they have all the paperwork necessary for housing. This also includes having a listing of current available units, allowing clients online access, and helping them to fill out rental applications and credit checks. The Stabilization Plan helps connect clients to mainstream resources, increase income through employment services, set up personal bank accounts, accessing routine health care and mental health care, identifying support systems, and developing a safety plan, all tailored to DV services so that the household can maintain housing. Client and caseworker will meet at least weekly, before and after housing.
Staff will ensure that the unit is appropriate and rent reasonable. Landlords will be encouraged to sign up through the Landlord Liaison Project. The RR caseworker will check in with the landlord monthly.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

The Salvation Army - Tacoma {TSA-T) is part of several different coalitions which are intentional in coordinating services for program participants. The collaborative meetings that are directly related to providing housing assistance are the Coordinated Entry Collaborative, Rapid Rehousing collaborative, and the Same Day Sheltering Meetings.
Face to face meetings are held with other agencies who are all working hard to

make sure that every program participant has equal and fair access to housing programs.
More specifically, TSA-T hosts the Tacoma/Pierce Coalition to End Homelessness every week. Through this group, our advocates have direct contact with about 400 direct service employees who work for more than 40 supportive service agencies. One of the workgroups of the coalition is the SHIELD of Hope Team which meets monthly. At these meetings, specific needs for various clients (without mentioning names) are mentioned (such as participant with high child support garnishments, lapsed healthcare, need for disability application to be filled out, job trainings, etc.). As much as possible, the appropriate agency will "volunteer" to provide those services for that participant and the advocate then provides a warm handoff of the participant to the agency for services. This is part of the Pathway of Hope model and it has been very effective in having participants follow through on their goals.
Service providers also come to the SHIELD Center, which is located next door to the Selah Center. They are available for meeting with the program participants to help accomplish specific tasks/goals. Every Tuesday Is Healthy Living Day and participants have opportunities to sign up for healthcare, get some basic health checks, get a healthy food box from the food bank, sign up for EBT food stamps, and other health related tasks. Housing Matters Day and Employment Day allow participants to be able to focus on the Key Tasks that focus on getting ready for housing and employment. Participants learn about credit reports, savings, tenant and job applications, mock interviews, fair housing, employment training, and so much more. Even if a person has been housed (through the Housing First model), these "theme" days are especially helpful for households to maintain their housing.
The Salvation Army legal department is reviewing a final document for MOU's with agencies who have agreed to be part of the "warm hand-off" referral program through our SHIELD Center. By the time this grant is enacted, there will be MOU's between Goodwill, REACH Center, Adorned in Grace, Family Renewal Center, Triple P Parenting, VADIS, KWA, Tacoma Community House, Crystal Judson Family Justice Center, Washington Connections, and other programs that will be working directly with the households fleeing from domestic violence.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	As needed
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Applicant	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Partner	As needed

Life Skills Training	Partner	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Applicant	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	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 benefits are received and renewed?	Yes
6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

List all CoC-funded and Non CoC-funded units and beds for this project

	TH	RRH	Total
Total Units:	24	24	48
Total Beds:	60	60	120

Housing Type	Housing Type (JOINT)	Units	Beds
---	Dormitory, shared...	24	60
---	Scattered-site ap...	24	60

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH portion or the RRH portion of the project?	TH
1a. Does this TH portion of the project have private rooms per household?	Yes
1b. Is this a private or semi private room?	Yes
2. Housing Type:	Dormitory, shared or private rooms
3. What is the funding source for these units and beds? (If multiple sources, select "Mixed" from the dropdown menu)	CoC

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units:	24
b. Beds:	60

5. 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:	1501 6th Ave
Street 2:	
City:	Tacoma
State:	Washington
ZIP Code:	98402

6. 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)

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH portion or the RRH portion of the project?	RRH
2. Housing Type:	Scattered-site apartments (including efficiencies)
3. What is the funding source for these units and beds? (If multiple sources, select "Mixed" from the dropdown menu)	CoC

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 24

b. Beds: 60

5. 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: 1501 6th Ave

Street 2:

City: Tacoma

State: Washington

ZIP Code: 98402

6. 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)

530795 Lakewood, 539053 Pierce County, 531554 Tacoma

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	6	6	0	12

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	6	6		12
Persons ages 18-24	0	0		0
Accompanied Children under age 18	18		0	18
Unaccompanied Children under age 18			0	0
Total Persons	24	6	0	30

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							6			
Persons ages 18-24										
Children under age 18							18			
Total Persons	0	0	0	0	0	0	24	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							6			
Persons ages 18-24										
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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021?	Yes
2. What type of CoC funding is this project applying for in the 2019 CoC Competition?	Reallocation + CoC Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year

*** 5. Select the costs for which funding is being requested:**

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	X
HMIS	

6. If awarded, will this project require an initial grant term greater than 12 months?	No

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:	$243,288
Total Units:	24

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Tacoma, WA HUD Metro FMR Area (5...	24	$243,288

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

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

Metropolitan or non-metropolitan fair market rent area: WA - Tacoma, WA HUD Metro FMR Area (5305399999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)

SRO	6	x	$580	x	12		=	$41,760
0 Bedroom	6	x	$773	x	12		=	$55,656
1 Bedroom	6	x	$881	x	12		=	$63,432
2 Bedrooms	6	x	$1,145	x	12		=	$82,440
3 Bedrooms		x	$1,666	x	12		=	$0
4 Bedrooms		x	$2,017	x	12		=	$0
5 Bedrooms		x	$2,320	x	12		=	$0
6 Bedrooms		x	$2,622	x	12		=	$0
7 Bedrooms		x	$2,925	x	12		=	$0
8 Bedrooms		x	$3,227	x	12		=	$0
9 Bedrooms		x	$3,530	x	12		=	$0
Total Units and Annual Assistance Requested	24							$243,288
Grant Term								1 Year
Total Request for Grant Term								$243,288

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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	1 FTE Case Manager plus benefits $18.00/hour	$56,278
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	Coordinated Entry Specialist 1 FTE plus benefits $17.00/hour	$28,182
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$84,460
Grant Term		1 Year
Total Request for Grant Term		$84,460

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Elec $10,000/ Gas $12,000/ Water $26,000	$48,000
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$48,000
Grant Term		1 Year
Total Request for Grant Term		$48,000

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$103,332
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$103,332

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Salvation Army Pr...	08/16/2019	$103,332

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Salvation Army Private Donors
5. Date of Written Commitment:	08/16/2019
6. Value of Written Commitment:	$103,332

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	$243,288	1 Year	$243,288
4. Supportive Services	$84,460	1 Year	$84,460
5. Operating	$48,000	1 Year	$48,000
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$375,748
8. Admin (Up to 10%)			$37,574
9. Total Assistance Plus Admin Requested			$413,322
10. Cash Match			$103,332
11. In-Kind Match			$0
12. Total Match			$103,332
13. Total Budget			$516,654

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Match Letter	09/23/2019
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

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:	Bruce Dammeier
Date:	09/26/2019
Title:	County Executive
Applicant Organization:	Pierce County
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent	X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/18/2019
1E. SF-424 Compliance	09/18/2019
1F. SF-424 Declaration	09/18/2019
1G. HUD 2880	09/18/2019
1H. HUD 50070	09/18/2019
1I. Cert. Lobbying	09/18/2019
1J. SF-LLL	09/18/2019
2A. Subrecipients	09/23/2019
2B. Experience	09/18/2019
3A. Project Detail	09/19/2019
3B. Description	09/18/2019
3C. Expansion	09/18/2019
4A. Services	09/19/2019
4B. Housing Type	09/23/2019
5A. Households	09/18/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/26/2019
6E. Rental Assistance	09/18/2019
6F. Supp Srvcs Budget	09/18/2019
6G. Operating	09/18/2019
6I. Match	09/23/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/23/2019
7D. Certification	09/23/2019

THE SALVATION ARMY
TACOMA CORPS
1501 6th Ave
Tacoma, WA 98405

Majors Don & Martha Sheppard
Corps Officers

Major Erica Yang
Associate Corps Officer

WILLIAM BOOTH
Founder

ANDRE COX
General

KENNETH G. HODDER
Territorial Commander

BILL A. DICKINSON
Divisional Commander

To whom it may concern:

The Salvation Army is excited to provide services for families and individuals who are fleeing domestic violence. The Selah Center will provide interim shelter services (also known as Transitional Living) and Rapid Rehousing services (case management and financial assistance) if the COC grant is approved.

If HUD approves the grant, The Salvation Army will provide an inkind match of meal service preparation and food for the duration of the grant (one year). Meal service will be provided each day for two hot meals a day for every person in the Selah Center (capacity 30).

The total value of the contribution for this match is $103,332 for a Gift-In-Kind value. This is calculated at $12.00/meal for 8,611 meals for the year.

We are honored to be providing this service and match contribution to the HUD grant to help those in need.

Sincerely,

Bill Dickinson, Lt. Col.
Divisional Commander
Northwest Division

Phone: (253) 572-8452
Fax: (253) 591-7070

Visit us at our website
www.tacoma.salvationarmy.org

Don.Sheppard @usw.salvationarmy.org
Martha.Sheppard@usw.salvationarmy.org

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/24/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0240
Check to confrim 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: Pierce County

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001359

	c. Organizational DUNS:	071850887	**PLUS 4**	

d. Address

Street 1: 1305 Tacoma Avenue South

Street 2: Suite 104

City: Tacoma

County: Pierce

State: Washington

Country: United States

Zip / Postal Code: 98402

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Rodgers

Suffix:

Title: Supervisor, Homeless Programs

Organizational Affiliation: Pierce County

Telephone Number: (253) 798-6931

Extension:
Fax Number: (253) 798-2818
Email: jeff.rodgers@piercecountywa.gov

1C. SF-424 Application Details

9. Type of Applicant:	B. County Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6300-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Spanaway Commons
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006, WA-010
b. Project: (for multiple selections hold CTRL key)	WA-009, WA-008, WA-006
17. Proposed Project	
a. Start Date:	06/01/2020
b. End Date:	05/31/2021
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Pierce County
Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Organizational Affiliation:	Pierce County
Telephone Number:	(253) 798-7477
Extension:	
Email:	bruce.dammeier@piercecountywa.gov
City:	Tacoma
County:	Pierce
State:	Washington
Country:	United States
Zip/Postal Code:	98402

2. Employer ID Number (EIN):	91-6001359
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$100,079.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Spanaway Commons 1305 Tacoma Avenue South Tacoma Washington

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Bruce Dammeier, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/12/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pierce County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	Pierce County
Name / Title of Authorized Official:	Bruce Dammeier, County Executive
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	Yes
1. Type of Federal Action:	Grant
2. Status of Federal Action:	Application
3. Report Type:	Initial Filing
4. Name and Address of Reporting Entity:	Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known:	WA-009, WA-008, WA-006, WA-010
6. Federal Department/Agency:	Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number):	Continuum of Care (CoC) Program (14.267)
8. Federal Action Number:	FR-6300-N-25
9. Award Amount:	$91,002.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Gordon Thomas Honeywell
1201 Pacific Ave # 2100
Tacoma WA 98402

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Gordon Thomas Honeywell
1201 Pacific Ave # 2100
Tacoma WA 98402

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mr.
First Name:	Bruce
Middle Name:	
Last Name:	Dammeier
Suffix:	
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	(253) 798-7477
Fax Number: (Format: 123-456-7890)	(253) 798-6628
Email:	bruce.dammeier@piercecountywa.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $100,079

Organization	Type	Type	Sub-Award Amount
Greater Lakes Mental Healthcare	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$100,079

2A. Project Subrecipients Detail

a. Organization Name: Greater Lakes Mental Healthcare

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-6064184

	*** d. Organizational DUNS:**	082600594	**PLUS 4**	

e. Physical Address

Street 1: 9330 59th Avenue SW

Street 2:

City: Lakewood

State: Washington

Zip Code: 98499

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-009, WA-008, WA-006

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: $100,079

j. Contact Person

Prefix: Ms.

First Name: Jessica

Middle Name:

Last Name: Ober

Suffix:	
Title:	Director of Finance
E-mail Address:	jessicao@glmhc.org
Confirm E-mail Address:	jessicao@glmhc.org
Phone Number:	253-620-5138
Extension:	
Fax Number:	253-620-5149

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: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0240
2a. CoC Number and Name:	WA-503 - Tacoma, Lakewood/Pierce County CoC
2b. CoC Collaborative Applicant Name:	Pierce County
3. Project Name:	Spanaway Commons
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Does this project include Replacement Reserves?	No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

Spanaway Commons is an agency-owned building with 16 one-bedroom units. The target population is chronically homeless adults with a disability due to mental illness. The program utilizes the housing first concept, providing housing to individuals with minimal restrictions and requirements. Additional supportive services begin as the tenant wants and requests them.

Individuals with disabilities frequently have several barriers to obtaining housing, including: criminal history, poor financial history, inability to process leases and paperwork, and lack of desire to “deal with the hassle.” Because the project is owned by Greater Lakes, we can provide housing to individuals who often can’t obtain housing in the community. A case manager is on-site, advocating for the tenants, offering assistance with life skills, obtaining benefits, utilizing community resources, or supporting whatever the individual needs are of each tenant. Having safe, permanent housing allows the tenant to concentrate on treating their disability and working towards recovery and independence.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	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	Semi-annually
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Subrecipient	Daily
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Non-Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	Daily
Mental Health Services		Subrecipient	Daily
Outpatient Health Services		Partner	Bi-weekly
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Non-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: 16

Total Beds: 16

Total Dedicated CH Beds: 16

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	16	16

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 16

b. Beds: 16

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 16

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 125 170th Street South

Street 2:

City: Spanaway

State: Washington

ZIP Code: 98387

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539053 Pierce 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	0	16	0	16

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	16		16
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	16	0	16

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										
Persons 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	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	16		0	0	0	16	0	0	0	0
Persons ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	16	0	0	0	0	16	0	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

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$28,800
Total Value of In-Kind Commitments:	$17,000
Total Value of All Commitments:	$45,800

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

Participant rental contribution

1b. Estimate the amount of program income that will be used as Match for this project: $28,800

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Greater Lakes	08/14/2019	$17,000
Yes	Cash	Private	Rental Contributions	08/14/2019	$28,800

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Greater Lakes
5. Date of Written Commitment:	08/14/2019
6. Value of Written Commitment:	$17,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Rental Contributions
5. Date of Written Commitment:	08/14/2019
6. Value of Written Commitment:	$28,800

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

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	$41,600
4. Operating	$49,402
5. HMIS	$0
6. Sub-total Costs Requested	$91,002
7. Admin (Up to 10%)	$9,077
8. Total Assistance plus Admin Requested	$100,079
9. Cash Match	$28,800
10. In-Kind Match	$17,000
11. Total Match	$45,800
12. Total Budget	$145,879

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Desig	11/18/2015
2) Other Attachmenbt	No	Match Letter	09/12/2019
3) Other Attachment	No		

Attachment Details

Document Description: IRS Desig

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description: Match Letter- Program Income

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	In-Kind Match MOU	09/12/2019

Attachment Details

Document Description: In-Kind Match MOU

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 Bruce Dammeier

Date: 09/24/2019

Title: County Executive

Applicant Organization: Pierce County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

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):

updating match, updating budget

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/12/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/12/2019
1E. SF-424 Compliance	09/12/2019
1F. SF-424 Declaration	09/12/2019
1G. HUD-2880	09/12/2019
1H. HUD-50070	09/12/2019
1I. Cert. Lobbying	09/12/2019
1J. SF-LLL	09/12/2019
Recipient Performance	09/12/2019
Renewal Expansion	09/12/2019
Renewal Grant Consolidation	09/12/2019
2A. Subrecipients	09/12/2019
3A. Project Detail	09/12/2019
3B. Description	09/12/2019
3C. Dedicated Plus	09/12/2019
4A. Services	09/12/2019
4B. Housing Type	09/12/2019
5A. Households	09/12/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/12/2019
6D. Match	09/12/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/12/2019
7A. In-Kind Match MOU Attachment	09/12/2019
7B. Certification	09/12/2019
Submission Without Changes	09/12/2019

Internal Revenue Service

District
Director

Department of the Treasury

EP/EO DISCLOSURE DESK
P.O. Box 2350 Los Angeles, Calif. 90053

Person to Contact: Felicia C. Miraflor

Telephone Number: (213) 894- 4292

Refer Reply to: EO-601-88

Date: JUNE 29, 1988

RE: GREATER LAKES MENTAL HEALTH FOUNDATION INC.

GREATER LAKES MENTAL HEALTH
FOUNDATION INC.
9108 LAKEWOOD DR SW
TACOMA, WA 98499-3999

Dear Applicant:

This is in response to your request for a determination letter of the above organization.

A review of our records indicate that GREATER LAKES MENTAL HEALTH FOUNDATION INC. was recognized to be exempt from Federal income tax in OCTOBER 1966 as an organization described in Section 501 (C)(3) of the Internal Revenue Code. It is further classified as an organization that is not a private foundation as defined in Section 509 (a) of the Code, because, it is an organization described in Section 170(b)(1)(A)(vi).

There is no change in status of this organization as ot this date.

Sincerely,

Grace Chautran

Grace Chautran for
Felicia C. Miraflor
Disclosure Assistant

Post-it® Fax Note 7671	Date 9/10	# of pages ▶ 1
To Jeff Rodgers	From Mary Herem	
Co./Dept.	Co.	
Phone #	Phone # 2	
Fax # 253 798.3999	Fax #	

In the chart below is information regarding the resource being provided by this agency.

Name of organization providing the resource	Greater Lakes Mental Healthcare
Type of contribution*	Program Income
Value of the contribution**	Tenant Rent $150/mth average x 16 tenants x 12 months, to equal $28,800
Name of project	Spanaway Commons
Name of grant recipient and/or subrecipient	Greater Lakes Mental Healthcare
Date the contribution will be available***	June 1, 2020 - May 31, 2021
Name of person authorized to commit these resources	Jessica Ober
Title of person authorized to commit these resources.	Director of Finance
Signature of person authorized to commit these resources.	
Date	08/142019

In the chart below is information regarding the resource being provided by this agency.

Name of organization providing the resource	Greater Lakes Mental Healthcare
Type of contribution*	Medicaid services authorized by MCO contract
Value of the contribution**	Mental Health Services x Average MCO Contracted rate of $132 an hour-estimated to be approximately $17,000.
Name of project	Spanaway Commons
Name of grant recipient and/or sub-recipient	Greater Lakes Mental Healthcare
Date the contribution will be available***	June 1, 2020 - May 31, 2021
Name of person authorized to commit these resources	Jessica Ober
Title of person authorized to commit these resources.	Director of Finance
Signature of person authorized to commit these resources.	
Date	08/14/2019

Greater Lakes
MENTAL HEALTHCARE
Empowering hope, relief and recovery

Memorandum of Understanding

Whereas Greater Lakes Mental Healthcare (GLMH) is licensed as a Community Mental Health Center in Washington State and Pierce County.

Whereas GLMH has an existing contract with the Pierce County Managed Care Organizations (MCOs) responsible for providing mental health services to clients eligible for the Medicaid waivered mental health program.

Whereas GLMH is paid certain rates for certain services and is required to use specifically qualified providers for said services to clients who have been approved for said services by the MCOs.

Whereas GLMH is an applicant for certain Housing and Urban Development sponsored program awarded as follow:

Spanaway Commons 6/01/2020 – 5/31/2021

Whereas, the Renewal Application requires certain commitments regarding provision of service to be specified as a matching in-kind contribution to the program, the following commitments are memorialized:

1. These commitments shall be unconditional for the period of the relevant Awards.
2. GLMH shall provide services authorized by our MCO contract, that are
3. Deemed medically necessary for the Medicaid eligible person residing in an Award-funded housing unit, and
4. The individual shall be authorized to receive said services by the MCO, and
5. The services shall be provided by employees or independent contractors with the licensure or accreditation necessary to provide such MCO authorized mental health services in the State of Washington, and
6. The value of the services will be at the rates effective in the MCO contracts for the provision of mental health services to Medicaid recipients in Washington State and Pierce County.

I am duly delegated and authorized to make this commitment for GLMH.

Jessica Ober, Director of Finance

8/14/19
Date

w. glmhc.org p. 253.581.7020 f. 253.620.5140
9330 59th Ave. SW, Lakewood, WA 98499-6600

Intentionally left blank