

## Before Starting the Project Application

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

Things to Remember:

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

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 08/09/2018

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

# 1B. SF-424 Legal Applicant

## 8. Applicant

**a. Legal Name:** Appalachian Regional Coalition on Homelessness

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 30-0224760

	<b>c. Organizational DUNS:</b>	145086521	<b>PLUS 4:</b>	
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## d. Address

**Street 1:** 321 West Walnut Street

**Street 2:**

**City:** Johnson City

**County:** Washington

**State:** Tennessee

**Country:** United States

**Zip / Postal Code:** 37604

## e. Organizational Unit (optional)

**Department Name:** Administration

**Division Name:** ADMIN

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

**Prefix:** Mrs.

**First Name:** Felicia

**Middle Name:**

**Last Name:** Franklin

**Suffix:**

**Title:** Director of Finance

**Organizational Affiliation:** Appalachian Regional Coalition on Homelessness

**Telephone Number:** (423) 218-4096

**Extension:**

**Fax Number:** (423) 926-4264

**Email:** felicia@appalachianhomeless.org

## 1C. SF-424 Application Details

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6200-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

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

**15. Descriptive Title of Applicant's Project:** 2018 DV Bonus Project

**16. Congressional District(s):**

**a. Applicant:** TN-001  
**b. Project:** TN-001  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 07/01/2019  
**b. End Date:** 06/30/2020

**18. Estimated Funding (\$)**

**a. Federal:**  
**b. Applicant:**  
**c. State:**  
**d. Local:**  
**e. Other:**  
**f. Program Income:**  
**g. Total:**

## 1E. SF-424 Compliance

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

**If "YES", enter the date this application was made available to the State for review:**

**20. Is the Applicant delinquent on any Federal debt?** No

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Anne

**Middle Name:**

**Last Name:** Cooper

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (423) 218-4090  
**(Format: 123-456-7890)**

**Fax Number:** (423) 926-4264  
**(Format: 123-456-7890)**

**Email:** anne@appalachianhomeless.org

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

**Date Signed:** 08/09/2018



# 1G. HUD 2880

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

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Appalachian Regional Coalition on Homelessness

**Prefix:** Ms.

**First Name:** Anne

**Middle Name:**

**Last Name:** Cooper

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Appalachian Regional Coalition on Homelessness

**Telephone Number:** (423) 218-4090

**Extension:**

**Email:** anne@appalachianhomeless.org

**City:** Johnson City

**County:** Washington

**State:** Tennessee

**Country:** United States

**Zip/Postal Code:** 37604

**2. Employer ID Number (EIN):** 30-0224760

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

**4. Amount of HUD Assistance Requested/Received: \$74,000.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** No

**Certification**

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

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Anne Cooper, Executive Director

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

**Date Signed:** 07/25/2018

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Appalachian Regional Coalition on Homelessness

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>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.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

### 2. Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.  
 Refer to addresses entered into the attached project application.

I hereby certify that all the information stated X

**herein, as well as any information provided in the accompaniment herewith, is true and accurate.**



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

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Anne

**Middle Name**

**Last Name:** Cooper

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (423) 218-4090  
**(Format: 123-456-7890)**

**Fax Number:** (423) 926-4264  
**(Format: 123-456-7890)**

**Email:** anne@appalachianhomeless.org

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

**Date Signed:** 08/09/2018

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

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

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

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

X
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**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:** Appalachian Regional Coalition on Homelessness

**Name / Title of Authorized Official:** Anne Cooper, Executive Director

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

**Date Signed:** 08/09/2018

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB0348-0046

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

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

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

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

**Legal Name:** Appalachian Regional Coalition on Homelessness

**Street 1:** 321 West Walnut Street

**Street 2:**

**City:** Johnson City

**County:** Washington

**State:** Tennessee

**Country:** United States

**Zip / Postal Code:** 37604

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.**

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Anne

**Middle Name:**

**Last Name:** Cooper

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (423) 218-4090  
**(Format: 123-456-7890)**

**Fax Number:** (423) 926-4264  
**(Format: 123-456-7890)**

**Email:** anne@appalachianhomeless.org

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

**Date Signed:** 08/09/2018



## 2A. Project Subrecipients

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

### Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

ARCH was established in 2003 and has effectively spent all grant funds with none recaptured in its 15-year history. ARCH currently administers 9 Federal grants: HUD HMIS; HUD CoC Planning Grant; 2 HUD Permanent Supportive Housing Grants; HUD Emergency Solutions Grant (ESG); HUD Housing Opportunities for Persons with AIDS (HOPWA) sponsor; VA Grant Per Diem Transitional Housing Program; AmeriCorps Housing First Grant; and SAMHSA Cooperative Agreement to Benefit Homeless Individuals (CABHI) Grant, with executed subcontractor agreements (MOAs) in place between ARCH (Grantee) and subcontractors East Tennessee State University Day Center for mental health and substance abuse treatment and Insight Alliance, Washington County Anti-Drug Coalition for Peer Support. ARCH was a \$2M awardee of Supportive Services for Veterans and Families (SSVF) Grant from 2012-2016, and successfully managed two subcontractors in Tennessee and Virginia throughout its term. ARCH Executive Director established, planned, supervised and managed 4 ARCH offices, including one in Woodstock, VA, and three in Tennessee, with twenty-two employees; created staffing MOAs with various partner agency for contract staffing for intake and HMIS Data entry; and created facility use agreements with shelters for placement of ARCH staff to perform assessments. ARCH Executive Director and Finance Director ensure financial compliance by tracking spending of all budget line items with every subcontractor draw request, specifically correlation of hours and activities; and enforces operating line-itemed Budget Addendum Requests. Subcontractor Management Plan, Financial Management Plan, Communication Plan, and Outreach Plan are in place. ARCH holds all subcontractors accountable in instances of risk or noncompliance with enforcement language included in contractual agreements. ARCH administers HMIS database and submits annual regional funding application and multiple reports on behalf of entire CoC.

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

ARCH leverages VA Per Diem Grant funds with ESG shelter operation funds to provide service-intensive transitional housing to homeless Veterans in conjunction with Cooperative Agreement to Benefit Homeless Individuals to provide wrap around mental health, substance abuse and peer support services, then rapidly rehouse with ESG Rapid Rehousing or Supportive Services For Veterans and Families (SSVF) and Permanent Supportive Housing including Dedicated Plus, HUD VASH, Section 8, etc. Additionally, ARCH utilizes AmeriCorps grant funds to leverage HUD-mandated Coordinated Entry (CE) system by placing AmeriCorps members at established CE Access Sites throughout the CoC to perform Intake and Vulnerability Index Service

Prioritization Decision Assessment Tool (VI-SPDAT), and assist with SOAR (SSI/SSDI, Outreach, Access and Recovery) assessments.

**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.**

ARCH Executive Director and Finance Director ensure financial compliance by tracking spending of all budget line items with draw requests, specifically correlation of hours and activities; and enforces operating line-itemed Budget Addendum Requests. Subcontractor Management Plan, Financial Management Plan, Communication Plan, and Outreach Plan are in place. ARCH holds itself and all subcontractors accountable in instances of risk or noncompliance with enforcement language included in contractual agreements. ARCH Homeless Programs Director performs monitoring of all case files to ensure compliance with all federal and state grants and provides written standards to the CoC to ensure overall compliance with grant guidelines. ARCH holds all funding agencies harmless from accountability and maintains professional and general liability insurance at all ancillary sites.

**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:** TN-509 - Appalachian Regional CoC

**1b. CoC Collaborative Applicant Name:** Appalachian Regional Coalition on Homelessness

**2. Project Name:** 2018 DV Bonus Project

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

### 3B. Project Description

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

As Collaborative Applicant, ARCH facilitates bi-monthly planning meetings to identify gaps in services and has identified a need for the coordination of services for development of a Crisis Response System to ensure low barrier entry to RR and PSH with wraparound mental and behavioral health services for homeless and chronically homeless individuals; homeless Veterans; homeless unaccompanied youth with mental illness, co-occurring disorders and substance use disorders; and victims of domestic violence. Due to the immense size of our rural service area - 2897 square miles in the Appalachian Mountains of East Tennessee - ARCH has struggled with the implementation of an effective CE system that encompasses all homeless service providers, especially DV providers. Data provided by DV providers demonstrate 40% or more of DV survivors have criminal backgrounds or housing backgrounds (evictions, rent arrearage, etc.) that keep them from being eligible for most income-based housing options. There are approximately 30 known Emergency Shelter (ES) and Transitional Housing (TH) providers throughout the Continuum but less than 50% report in HMIS or participate in Coordinated Entry, especially the small, rural providers, who have no connection with or knowledge of other service providers in their area. Domestic violence shelters are especially isolated due to VAWA prohibition of entering client-level data into HMIS, which leaves them no mechanism for referral to programs that target DV victims. Realizing these limitations, ARCH applied for and was awarded an AmeriCorps Housing First grant in 2018 with the intention to establish additional access sites using AmeriCorps members to assist Staff to perform intake and outreach and SOAR assessments (rapid SSI/SSDI approval). ARCH will train all members and staff on the dynamics of DV, privacy and confidentiality, and safety planning, including how to handle emergency situations at Access Sites. ARCH partners with DV providers to ensure trainings are provided by informed experts in the field of DV, dating violence, sexual assault, stalking and human trafficking. ARCH CE Policies & Procedures will be incorporated so that staff refer households at risk of harm at time of assessment to a DV provider using referral criteria that will be established based on our system design, program capacity, resource limitations and placement and geographic considerations. The CE process will be designed to safely refer the household to the identified DV provider, either with a warm hand-off including a phone call and transportation either by ARCH or the DV provider. ARCH CE process will ensure DV victims have access to full range of housing and trauma-informed service interventions options available, including prevention, RR, and other housing and mainstream services.

**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**

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**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?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?	30			
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	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input checked="" type="checkbox"/>

**Other:** Victims of Human Trafficking

**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.**

ARCH has CoC Written Standards and Coordinated Entry Policies and Procedures in place, which are made publicly available on ARCH website and disseminated to CoC participants annually and at bi-monthly CoC meetings. ARCH Outreach Team performs weekly forays on revolving basis throughout ARCH service area to identify, engage and encourage those with the highest barriers - street homeless with mental illness and cooccurring disorders, criminal background, etc., and performs intakes in the field. ARCH hosts annual Stand Down events; monthly community cookouts during warm weather; offers open weekly Peer Support and LCSW-led individual and group therapy; and annual Landlord Awareness events in an effort to reach those populations with the highest barriers in accessing assistance.

**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.**

ARCH Coordinated Entry process has established client-driven, trauma-informed and culturally-relevant Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT) and standardized screening tool, as well as policies and procedures, which ensure client physical and emotional safety, privacy and confidentiality. It includes separate Access Site with access to all available and appropriate housing options and related supportive services. ARCH follows a “no wrong door” approach as clients may present to Coordinated Entry in one of three ways: 1) From the street on a walk-in basis at Access Sites on established days and times; 2) by calling the Coordinated Appalachian Resource Extension (CARE) hotline; or 3) by referral from area service provider, which involves the referring agency faxing a CARE Referral Form to the ARCH office or, typically, the client hand carries upon presentation. ARCH Coordinated Entry involves a triage process that includes initial screening intake by Intake Specialist(s) that determines eligibility and homeless status, then VI-SPDAT that determines vulnerability acuity, which assigns a score. Clients with acuity scores of 3 or below are referred to area resources; those with scores 4 to 8 are referred to Emergency Solutions Grant (ESG) Rapid Rehousing (RR), CoC RR, or Supportive Services for Veterans and Families (SSVF) RR providers. Those clients with scores of 9 and above, which indicate chronic status with cooccurring disorders, are referred to Case Management to connect to other available Permanent Supportive Housing providers (CoC, HUD VASH, SPC, etc.) or ARCH Cooperative Agreement to Benefit Homeless Individuals (CABHI) for wrap around mental health,

substance abuse services and peer support while connecting to PSH. If no PSH is available, clients are placed on ARCH Single Priority List, which prioritizes clients based on length of homelessness, determined on screening intake form, and severity of need determined by VI-SPDAT. The Priority List is purged every 60 days per Notice CPD-17-01 requirements.

**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



### **3C. Project Expansion Information**

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

### 6A. Funding Request

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

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

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

3. Does this project propose to allocate funds according to an indirect cost rate? 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 Health and Human Services	18%	Direct Salaries/Operating

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

c. Do you plan to use the 10% de minimis rate? Yes

4. Select a grant term: 1 Year

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

Supportive Services

## 6F. Supportive Services Budget

### Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Assessment of Service Needs</b>	1 PT AmeriCorps Member Intake Specialist @ \$2600/yr; 1 40% FTE CoC Manager @ \$51,928/yr inc. fringe = \$20,771	\$23,371
<b>2. Assistance with Moving Costs</b>		
<b>3. Case Management</b>	45% FTE Certified SOAR MSW \$58,005 incl. fringe = \$26,102; 1.5 FTE AmeriCorps Member Soar Specialists at \$15,200/yr	\$41,302
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>		
<b>9. Legal Services</b>		
<b>10. Life Skills</b>		
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		

<b>13. Outreach Services</b>	1 PT AmeriCops Member Outreach Specialist @ \$2,600/yr	\$2,600
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>		
<b>16. Utility Deposits</b>		
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$67,273
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$67,273

**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:	\$18,500
Total Value of All Commitments:	\$18,500

**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	United Way Organi...	08/31/2018	\$18,500

## 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:** United Way Organizations  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/31/2018
- 6. Value of Written Commitment:** \$18,500

**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)
<b>1a. Acquisition</b>			\$0
<b>1b. Rehabilitation</b>			\$0
<b>1c. New Construction</b>			\$0
<b>2a. Leased Units</b>	\$0	1 Year	\$0
<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$0	1 Year	\$0
<b>4. Supportive Services</b>	\$67,273	1 Year	\$67,273
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$67,273
<b>8. Admin (Up to 10%)</b>			\$6,727
<b>9. Total Assistance Plus Admin Requested</b>			\$74,000
<b>10. Cash Match</b>			\$0
<b>11. In-Kind Match</b>			\$18,500
<b>12. Total Match</b>			\$18,500
<b>13. Total Budget</b>			\$92,500

**Click the 'Save' button to automatically calculate totals.**

## 7A. Attachment(s)

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



## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 7A. In-Kind MOU Attachment

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

## Attachment Details

### Document Description:

## 7D. Certification

### **A. For all projects:**

#### **Fair Housing and Equal Opportunity**

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Anne Cooper

**Date:** 08/09/2018

**Title:** Executive Director

**Applicant Organization:** Appalachian Regional Coalition on Homelessness

**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**

X
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**aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

## 8B. Submission Summary

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

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

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required

<b>1D. SF-424 Congressional District(s)</b>	07/30/2018
<b>1E. SF-424 Compliance</b>	07/27/2018
<b>1F. SF-424 Declaration</b>	07/27/2018
<b>1G. HUD 2880</b>	07/27/2018
<b>1H. HUD 50070</b>	07/27/2018
<b>1I. Cert. Lobbying</b>	07/27/2018
<b>1J. SF-LLL</b>	07/27/2018
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	08/09/2018
<b>3A. Project Detail</b>	07/30/2018
<b>3B. Description</b>	08/09/2018
<b>3C. Expansion</b>	08/08/2018
<b>6A. Funding Request</b>	07/30/2018
<b>6F. Supp Srvcs Budget</b>	08/09/2018
<b>6I. Match</b>	08/09/2018
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	08/09/2018