

## **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 2018 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 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 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- 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 the instructions found on each individual screen
- 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 or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2018 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:** 09/10/2018

**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:** 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:** ARCH 2018 Planning 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:** 09/10/2018



# 1G. HUD 2880

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

**Applicant/Recipient Information**

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

**Agency Legal Name:** 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:** \$44,890

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** ARCH 2018 Planning Project 321 West Walnut Street Johnson City Tennessee

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

### Sites for Work Performance.

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

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

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

X

**the accompaniment herewith, is true and accurate.**



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

**Authorized Representative**

**Prefix:** Ms.

**First Name:** 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:** 09/10/2018

## **CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

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

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

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

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

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

X
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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:** 09/10/2018

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB0348-0046

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

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

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

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

**Legal Name:** 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 Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/10/2018



## 2A. Project Detail

**1a. CoC Number and Name:** TN-509 - Appalachian Regional CoC

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

**2. Project Name:** ARCH 2018 Planning Project

**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.**

ARCH requests Planning Project funds for full-time CoC Director to assist with the coordination and planning of all required activities of the CoC. Specifically, the COC Director will complete the annual CoC Program application process, acting as liaison and point-of-contact between the HUD Field Office and CoC-funded Grantees to ensure accurateness of the GIW, application components, certifications and conformance with prior year application commitments, i.e. percentage of unit turnovers prioritized for chronically homeless; target populations and prioritization of those most in need; and, adherence to Housing First Model, etc. The CoC Director will organize and facilitate the Steering & Ranking Committee, providing guidance not only during the ranking process but throughout the year to include coordination of quarterly Grantee performance reviews and establishment of corrective action plans for poor performers; assessment of need for reallocation; and, determination of gaps in services, etc. Accordingly, the CoC Director will coordinate annual gap analyses of area homeless needs and services available within ARCH CoC geographic area and provide results to participating jurisdictions while actively participating in the organization of the Consolidated Plan. The CoC Director will provide gap analysis results to the CoC and its subcommittees including the Planning Committee, Veterans Committee, Housing Committee, etc., to plan for various funding opportunities including but not limited to CoC Programs, ESG, HOPWA, VA Supportive Services (SSVF) and GPD, Cooperative Agreement to Benefit Homeless Individuals (CABHI), and AmeriCorps Program. CoC Director will act as liaison and point of contact between ESG State Administrator, Tennessee Housing Development Agency, and ESG recipients and sub recipients. Responsibilities will include tracking ESG recipient quarterly reporting submissions for timeliness and answering questions as needed; ensure compliance with Written Standards and evaluate outcomes; and assist with annual application process. The COC Director will maintain communications with CoC and ESG participants to provide the HMIS Team with continuous updates of the area service provider Directory for integration with HMIS and the Coordinated Appalachian Resource Extension (CARE) Coordinated Entry System; act as liaison among the CoC to broaden HMIS participation among service provider agencies, i.e. United Way agencies and their recipients, Community Action Partners (CAP), hospitals, law enforcement, etc.; ensure Participation Agreements are executed and providers participate in the Coordinated Entry process, which utilizes the HMIS System for Screening/Intake, VI-SPDAT and CoC Written Standards/CoC Prioritization List.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

CoC Director will continue with proposed activities immediately upon funding.  
CoC Director will maintain detailed matrix listing activities in order of priority and

dates due, including monitoring visits; report submission; CoC committee and Subcommittee meetings; Consolidated Plan and corrective action plan as needed. CoC Director will begin immediately to plan for 2019 CoC application, performing quarterly gap analysis to determine need, if any, for reallocation. CoC Director will facilitate weekly Departmental Meeting to ensure effectiveness.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**

CoC Director will devote 100% FTE to CoC and ESG coordination and grant compliance duties. Specifically, evaluation of performance standards established by CoC/ESG Written Standards and CoC data quality monitoring on a quarterly basis will ensure accurate reporting for Exhibit 1, HIC, and AHAR, resulting in improved CoC score. Funds will allow the CoC Director to assist ESG recipients to determine participant contribution percentage and thus establish a “burn rate” to ensure maximum number served over grant term.

**4. How will the planning activities continue beyond the expiration of HUD financial assistance?**

Planning activities will continue through other grant funds – AmeriCorps, VAPD, HOPWA, ESG, CABHI – and through COC and ESG participation fees. In 2018, ARCH was awarded an AmeriCorps Rural Intermediary grant for 15 full-time AmeriCorps members to implement a Housing First model within the CoC. This evidence-based grant will allow ARCH to develop a Crisis Response System and comprehensive, Coordinated Entry system by establishing access sites throughout the CoC, leveraged by AmeriCorps members who will perform screening intake, VI-SPDAT, Outreach, and SOAR (SSI/SSDI, Outreach, Access and Recovery) interviews, for rapid attainment of SSDI/SSI for homeless clients with zero income. ARCH has implemented Policies and Procedures, member service agreements, MOUS with host agencies (other CoC providers), and recruitment plan to sustain the AmeriCorps Program well beyond the expiration of HUD financial assistance.

### 3A. Governance and Operations

**1. How often does the CoC conduct meetings of the full CoC membership?** Bi-Monthly

**2. Does the CoC include membership of a homeless or formerly homeless person?** Yes

**2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)**

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**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
Coordinated Entry Committee	Ensures CoC integrates and adheres to CPD notices and integrates into CE P&P; Assesses Priority List and By- Name list of homeless; CE Outreach & Community Awareness; Case Conferencing; Housing First	Quarterly	Jennifer Whitehead, ETSU Day Center (PATH Agency) Chair; Tammy Kosa, ARCH Homeless Programs Director; Wendy Ramsey KHRA SPC/SHP Programs Director; Lily Gonzales, ASafeHarborHome DV/PSH Provider; Bob Garrett, Fairview Housing
Planning Committee	NOFA Review; Gap Analysis and Strategic Planning; Consolidated Plan; CABHI and SOAR Steering Committee; reviews funding opportunities to CoC; Housing First.	Bi-Monthly	Anne Cooper, Executive Director, ARCH (Chair); Sherry Trent, JC Comm. Dev. Coord.; Becca Sutphen, United Way of Kpt.; Donna Lewis, First TN Dev. District; Sharon Hayes, KHRA; Jeff McKittrick, KHRA HOPWA Case Mgr.
Veteran Committee	Weekly Outreach; Maintenance of By-Name List; Stand-Down; Serving Those Who Have Served Event; Tri-Cities Military Affairs Council; VAPD Outreach	Monthly	David Shields, VAMC; Hanna Jones, VAMC; Doug Murray, ARCH; Nicole Stewart, TN DOL; Tri-Cities Military Affairs Council; Amanda Arwood, Volunteers of America;
Housing First Committee	Coordinate housing/supportive service activities with area providers; coordination of Annual Housing & Supportive Services & Landlord Symposiums; coordination activities between PHAs and providers as it relates to coordinated entry and issuance of ESG RR/HP and PSH rental assistance – SPC, HOPWA, SHP, VASH; AmeriCorps	Quarterly	Sharon Hayes, KHRA (Chair), Jeff McKittrick, KHRA; Kim Squibb, CHIPS; Jeanne Price, Reg. Housing Facilitator; Sharon Hayes, KHRA; Anne Cooper, ARCH; Demia Smith, ARCH;
Crisis Response/DV Committee	Development and implementation of CoC-wide Crisis Response Team; Insitution of Drug Court in Counties currently not implemented; Coordination of DV safety policies; trauma informed care training coordination	Quarterly	Becky Haas, Community Crimes Prevention Coord, JCPD (Chair); Carol Jones, Holston Valley Med. Ctr. Trauma Services; Jason Abernathy, Insight Alliance; Carolyn McAmis, CHIPS DV Provider; Ashley Tabor, ARCH.

## 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:	\$0
Total Value of In-Kind Commitments:	\$11,223
Total Value of All Commitments:	\$11,223

**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	Donated space for...	09/10/2018	\$11,223

## Sources of Match Details

- 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:** Donated space for Coordinated Entry Access Sites  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 09/10/2018
- 6. Value of Written Commitment:** \$11,223

**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.**

## 4B. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2020?** No

**2. 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 and no later than three months after the award.

Conditional award recipients will be asked to submit the proposal or approved rate during the e-snaps post-award process.

**a. Please complete the indirect cost rate schedule below:  
 (At least one row must be entered)**

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Health and Human Services	18.40%	\$781,175.00

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

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

**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	Crisis Response System; Integrate DV Safety System w/ CE; Develop CE Access Sites; Coordinate AmeriCorps member activities w/ Host Sites	\$8,978
2. Project Evaluation		



<b>3. Project Monitoring Activities</b>	Retrieval, oversight and assessment of required quarterly ESG performance reports, timely submission, answer questions as needed; ensure ESG recipients are following Written Standards and evaluate outcomes; assist with continuous update of service provider directory in HMIS for Coordinated Entry	\$8,978
<b>4. Participation in the Consolidated Plan</b>	Conduct annual gap analyses of the homeless needs and services available within the geographic area and provide information to participating jurisdiction to complete the Consolidated Plan within ARCH geographic area; State Plan to End Homelessness	\$8,978
<b>5. CoC Application Activities</b>	Assist Grantees and Application process and correct interpretation of NOFA; Assist with determination of match and leverage; coordinate annual Steering & Ranking Committee activities; write Exhibit 1 and Exhibit 2 Applications; NOFA workshops; Submit other funding applications as Resources become available.	\$8,978
<b>6. Determining Geographical Area to Be Served by the CoC</b>		
<b>7. Developing a CoC System</b>		
<b>8. HUD Compliance Activities</b>	Ensure open selection of Steering & Ranking and educate of NOFA ranking process and CoC Program requirements; ensure required documents (Priority Listing, Funding Opportunities) are published per HEARTH Act; monitor ESG performance	\$8,978
<b>Total Costs Requested</b>		\$44,890
<b>Cash Match</b>		\$0
<b>In-Kind Match</b>		\$11,223
<b>Total Match</b>		\$11,223
<b>Total Budget</b>		\$56,113

**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		
2. Other Attachment(s)	No		

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## 5A. In-Kind MOU Attachment

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

## 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:** Anne Cooper

**Date:** 09/10/2018

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

X

## 6A. Submission Summary

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>	09/10/2018
<b>1E. SF-424 Compliance</b>	09/10/2018
<b>1F. SF-424 Declaration</b>	09/10/2018
<b>1G. HUD 2880</b>	09/10/2018
<b>1H. HUD 50070</b>	09/10/2018
<b>1I. Cert. Lobbying</b>	09/10/2018
<b>1J. SF-LLL</b>	09/10/2018



<b>2A. Project Detail</b>	09/10/2018
<b>2B. Description</b>	09/10/2018
<b>3A. Governance and Operations</b>	09/10/2018
<b>3B. Committees</b>	09/10/2018
<b>4A. Match</b>	09/10/2018
<b>4B. Funding Request</b>	09/10/2018
<b>5A. Attachment(s)</b>	No Input Required
<b>5A. In-Kind MOU Attachment</b>	No Input Required
<b>5B. Certification</b>	09/10/2018