

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

	c. Organizational DUNS:	145086521	PLUS 4:	
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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 Joint TH RR-PSH 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: 06/03/2020

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: \$89,674.00

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

2. Sites for Work Performance.

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

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

I hereby certify that all the information stated

herein, as well as any information provided in 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

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 as the Collaborative Applicant and Lead HMIS Agency for TN-509 Appalachian Regional Coalition on Homelessness CoC. Since that time, ARCH has effectively spent all grant funds with no funds recaptured in its 13-year history. ARCH is Grantee and Administrator of the CoC HMIS and PSH Grant. ARCH is Grantee of Department of Veteran Affairs Grant Per Diem Program and provides transitional housing for homeless veterans at the Blakley House, a residential group home and subject of this application's TH component. ARCH was Grantee of a multi-state \$2M Department of Veteran Affairs Supportive Services for Veterans and Families Grant (SSVF) and managed two sub-recipients, Tennessee Valley Coalition to End Homelessness CoC (TN-512) and Peoples Inc (VA-521). ARCH spent all funds within the grant term to effectively provide rapid rehousing and homeless prevention assistance to veterans and their families located in VISN-9. ARCH is Sponsor in partnership with Grantee, Kingsport Housing & Redevelopment Authority, of the Housing opportunities for Persons with AIDS (HOPWA) Grant and has provided supportive services to over 52 clients since 2007. ARCH has received ESG funding from 2012 through 2018, spending all funds within the 1-year term every year; current 2018 award is \$120,000. In 2010, ARCH was awarded the Homeless Prevention Rapid Rehousing Program Grant and spent all funds within the 3-year term. ARCH was awarded \$400,000 in July 2016 from the Substance Abuse and Mental Health Service Administration (SAMHSA) for the Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant; ARCH has subcontracted with ETSU Day Center, a PATH funded agency and Insight Alliance, lead agency for the Washington County Anti-Drug Coalition, to provide accessible, effective, comprehensive, integrated, and evidence-based treatment services; permanent supportive housing; peer supports; and other critical services for chronic homelessness individuals and families that have substance use disorders, serious mental illness, serious emotional disturbance, or co-occurring mental and substance use disorders. In May 2016, ARCH was one of only seven CoCs in the nation to be awarded SOAR Technical Assistance from SAMHSA, and now has a SOAR certified trainer and SOAR certified specialist on staff to expedite the SSI/SSDI certification process for chronically homeless individuals. ARCH was also awarded a 2017 Americorps Evidence-Based Planning grant to carry out the Housing First Model that will support the incorporation of CABHI Assertive Community Treatment (ACT) team, harm reduction, trauma-informed care, etc., into a Housing First Evidence-Based AmeriCorps program model that will engage AmeriCorps members to further the development of a regional crisis response system. 2018 Award (\$217,440) will provide members to fill positions at the CE access points to provide intake and VI-SPDAT to those seeking assistance, and other supportive positions, while connecting to and developing new wrap around services.

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

ARCH has an annual operating budget of over \$1.5M and is able to leverage CoC funds with VA \$237,177 VAPD grant; SAMHSA \$400,000 CABHI;\$214,440 AmeriCorps; \$32,631 HOPWA; \$68,901 ESG; \$41,177 participation fees and \$31,200 private funds. ARCH partners with Volunteers of America (VOA) to provide Supportive Services For Veterans and Families (SSVF)to homeless Veterans in its Per Diem Transitional Housing (Blakley House)Program. ARCH leverages all homeless grants with the provision of HMIS Software either whole or in part, as HMIS participation and reporting are a requirement of all HUD and VA-funded homeless programs, and now provides SSI/SSDI approval assistance through SOAR, generating real income for clients thus providing additional cash leverage. Other sources are CoC Program funded agencies who, through the provision of tenant based rental assistance payments. Area service providers leverage ARCH Homeless Program Grants with wrap-around services and mainstream benefits including Tenn Care, TANF, SSI, SDI, VA Disability Benefits, mental health services, food stamps, etc. ARCH leverages client services with SOAR assistance and food from Second Harvest Food Bank, and private corporate monetary donations, i.e. Walt-Mart, and in-kind.

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 is managed under the direction of the Executive Director who is responsible for ensuring the organization follows both ARCH Organizational Policies & Procedures and ARCH Continuum of Care Policies & Procedures. The Executive Director executes strategic planning processes and ensures the implementation thereof and ensures internal controls are followed. The Executive Director creates and ensures adherence to the Organizational and Grant budgets; determines cost allocation, allotting personnel costs, use allocation, operations, indirect costs, etc., according to the Code of Federal Regulations and Office of Management and Budget and Federal Notices as announced; updates the cost allocation as funding sources wax and wane; and, ensures the Finance Department is booking accordingly. is responsible for entries in Quick Books and produces monthly financial reports for the Board of Directors. Furthermore, the Finance Director abides by the Organizational Financial Policies & Procedures, GAAP, OMB and Organizational Cost Allocation Schedule as provided by the ED.

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 Joint TH RR-PSH Bonus Project

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 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.

The proposed ARCH Joint TH & RR project will provide 15 transitional beds at ARCH’s Blakely House Facility, a residential group home, to be used as a short-term stay when homeless Veteran clients have been offered and accepted a permanent housing intervention (e.g., Supportive Services for Veteran Families (SSVF), Department of Housing and Urban Development (HUD)-VA Supportive Housing (VASH), Public Housing, PSH, or ARCH Continuum of Care Dedicated Plus PSH Housing) while access to that permanent housing is still being arranged. This housing will be provided for up to 90 days while focus is placed on locating and securing permanent housing. With limited low-income housing options, long PH waiting lists, and a lack of affordable housing in our 8 county service area, securing housing is not a quick process. The length of stay in most area shelters is limited to seven days and most homeless clients return to the street when their shelter stay is up without an appropriate housing option. The primary goal of this proposed project is to allow transitional housing resources (buildings and staff) to be used effectively to help address the crisis housing needs of the homeless Veteran population. This program will also ensure that there are resources available to help identify, secure, and pay for new permanent housing through the provision of rapid re-housing. The rapid re-housing component will provide short-term rental assistance and a connection to supportive services. The goal is to obtain housing quickly, increase self-sufficiency, and stay housed. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person. ARCH utilizes the core components of rapid re-housing: housing identification, rent and move-in assistance, and rapid re-housing case management and services; Use a Housing First approach with client-driven service models and a focus on helping people move to permanent housing as quickly as possible. Participants will not be required to participate in treatment or services to receive assistance; have low-barriers to entry; incorporate client-choice by helping participants find permanent housing based on their unique strengths, needs, preferences, and financial resources; provide or connect participants to resources that help them improve their safety and well-being and achieve their goals; The goal is to create a well-coordinated and efficient community system that assures homelessness is rare, brief and non-recurring and no person is forced to live on the street. This program targets but is not exclusive to homeless Veterans.

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.

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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?	1			
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	<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 type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

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

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

the following items? Select all that apply.

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

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

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

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

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

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

3C. Project Expansion Information

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

4A. Supportive Services for Participants

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

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

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

ARCH follows a triage approach beginning with VI-SPDAT assessment by CARE CE Assessment Specialist to determine participant degree of acuity. The participant is then referred to Homeless Programs Specialist who determines Program eligibility followed by assignment to Housing Case Manager who, after case conferencing to determine placement on priority list, begins with temporary emergency housing placement, housing counseling & permanent housing placement. A housing stability plan is developed & referral to direct linkage to wrap-around services & access to mainstream benefits including assistance in obtaining VA benefits & other public benefits, CABHI, SSI SDI (SOAR), food stamps, transportation, employment, unemployment, childcare, Tenn-Care, primary & mental health referrals. This program is offered to clients using a harm reduction philosophy in a non-judgmental fashion & from a client-centered position.

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

Case Managers assist consumers in accessing mainstream benefits to the fullest extent possible. ARCH partners with the Appalachian Community Federal Credit Union to provide budgeting classes and credit counseling, and with UT Agricultural Extension Office to provide life skill classes, i.e. nutrition; making grocery lists; organizational skills, and relationships. ARCH partners with Tusculum College Department of Computer Science to provide basic computer skills. ARCH staff SOAR Specialist (SSI/SSDI Outreach, Access and

Recovery)provides legal assistance for filing disability claims and referral to local Career Centers. ARCH refers veterans to Volunteers of America (VOA) of Kentucky, Homeless Veteran Reintegration Program Grant recipient, who assists them with education & employment opportunities. We refer consumers to Northeast

TN Career Center and Alliance for Business & Training for employment assistance and partner with First TN Human Resource Agency NET-Trans for after hours transportation. ARCH provides transportation during business hours for program participants. When ready, participants who have achieved their full potential can apply and move from TH to PSH, RR, Section 8 Housing, or FMR housing if they choose to do so. This revolving program will free up beds for other chronically homeless veterans.

**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	Monthly
Child Care	Non-Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Applicant	Daily
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
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 Yes

benefits are received and renewed?

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

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

4B. Housing Type and Location

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

List all CoC-funded and Non CoC-funded units and beds for this project

	TH	RRH	Total
Total Units:	15	5	20
Total Beds:	15	20	35

Housing Type	Housing Type (JOINT)	Units	Beds
---	Scattered-site ap...	5	20
---	Shared housing	15	15

4B. Housing Type and Location Detail

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? CoC
(If multiple sources, select "Mixed" from the dropdown menu)

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

a. Units: 5

b. Beds: 20

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: 321 West Walnut Street

Street 2:

City: Johnson City

State: Washington

ZIP Code: 37604

**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)**

470954 Johnson City, 479067 Hancock County,
479091 Johnson County, 479163 Sullivan
County, 479171 Unicoi County, 479073 Hawkins

County, 470990 Kingsport, 479019 Carter
County, 479059 Greene County, 479179
Washington County, 470228 Bristol

4B. Housing Type and Location Detail

1. Is this housing type and location for the TH TH
portion or the RRH portion of the project?

1a. Does this TH portion of the project have Yes
private rooms per household?

1b. Is this a private or semi private room? Yes

2. Housing Type: Shared housing

3. What is the funding source for these units Mixed Funding
and beds?

(If multiple sources, select "Mixed" from the
dropdown menu)

Please enter "Other" or "Mixed Funding" VAPD & CoC
source:

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

a. Units: 15

b. Beds: 15

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: 321 West Walnut Street

Street 2:

City: Johnson City

State: Washington

ZIP Code: 37604

**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)**

470954 Johnson City, 479067 Hancock County,
479091 Johnson County, 479163 Sullivan
County, 479171 Unicoi County, 470990
Kingsport, 479019 Carter County, 479059
Greene County, 479179 Washington County,
470228 Bristol

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		18		18
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24		15		15
Adults ages 18-24		3		3
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	18	0	18

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	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		8				
Adults ages 18-24		1								2
Total Persons	0	1	0	7	0	8	0	0	0	2

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:

LBGTQ

5C. Outreach for Participants

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

80%	Directly from the street or other locations not meant for human habitation.
10%	Directly from emergency shelters.
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing.
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing.
10%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

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

ARCH outreach efforts are designed to engage Veterans who are literally homeless—living on the streets, in parks, transportation terminals, and other public places might otherwise be ignored or undeserved. Its purpose is to link the Veteran to housing, improve physical and mental health and social functioning, increase use of human services, and re-integrate Veterans into the community. ARCH Outreach Program is designed to meet Veterans where they are both geographically and emotionally. This means not only contacting Veterans in non-traditional settings, but also meeting their need for connection, reassurance, and support through empathic listening, minimizing stereotyping, and providing greater choices. ARCH Outreach Director leads the Outreach Team in weekly (Friday) forays to known Veteran encampments, soup kitchens, public libraries, parks, under bridges, shelters, known encampments and places not meant for human habitation within the 8-county service area on a rotating geographic basis. Team members identify and engage with homeless Veterans and enter into a relationship with them – “find and link, find and serve”. ARCH outreach serves as the crucial link between the streets and Rapid Rehousing, PSH, TH and other supportive services. The Outreach Team searches for homeless Veterans at places such as shelters, soup kitchens, parks, bus stations, encampments, overpasses, hot spots, wooded areas, and the streets. Outreach particularly is directed toward Veterans who have a nighttime residence that is an emergency shelter or a public or private place not ordinarily used as a regular sleeping accommodation for human beings.

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? Bonus

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
Health and Human Services	18%	687,489

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:**

Leased Units	
Leased Structures	X
Rental Assistance	X
Supportive Services	X

Operating	X
HMIS	

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:		\$22,560	
Grant Term:		1 Year	
Total Request for Grant Term:		\$22,560	
Total Structures:		1	
Structure Name	HUD Paid Rent	Total Annual Assistance Requested	Total Assistance Requested
Blakely House	\$1,880	\$22,560	\$22,560

Leased Structures Budget Detail

Instructions:

Complete the following fields related to the funds being requested to lease one or more structures for operating the project.

Structure Name: This is a required field. Indicate the name of the structure for which funds are requested.

Address: Only 1 "Street Address..." field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State, and Zip Code.

HUD Paid Rent (per Month): This is a required field. Enter the monthly leasing amount. The amount entered cannot exceed the monthly rent for comparable structures.

12 Months: This field is populated with the value 12 to calculate the annual grant request.

Total Annual Assistance Requested: This field is automatically calculated based on the per month rent entered in the first field.

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 calculated based on the per month rent entered in the first field, multiplied by 12 months, 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>

Structure Name: Blakely House
Street Address 1: 371 Blakely Drive
Street Address 2:
City: Kingsport
State: Tennessee
Zip Code: 37664

HUD Paid Rent (per Month):	\$1,880
12 Months:	12
Total Annual Assistance Requested:	\$22,560
Grant Term:	1 Year
Total Request for Grant Term:	\$22,560

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:			\$31,620
Total Units:			5
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	TN - Johnson City, TN MSA (4701999999)	5	\$31,620

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 TN - Johnson City, TN MSA (4701999999)
fair market rent area:**

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
---------------	------------------------	----------------------	-----------	---------------------------

SRO		x	\$354	x	12	=	\$0
0 Bedroom		x	\$472	x	12	=	\$0
1 Bedroom	5	x	\$527	x	12	=	\$31,620
2 Bedrooms		x	\$668	x	12	=	\$0
3 Bedrooms		x	\$846	x	12	=	\$0
4 Bedrooms		x	\$1,000	x	12	=	\$0
5 Bedrooms		x	\$1,150	x	12	=	\$0
6 Bedrooms		x	\$1,300	x	12	=	\$0
7 Bedrooms		x	\$1,450	x	12	=	\$0
8 Bedrooms		x	\$1,600	x	12	=	\$0
9 Bedrooms		x	\$1,750	x	12	=	\$0
Total Units and Annual Assistance Requested	5						\$31,620
Grant Term							1 Year
Total Request for Grant Term							\$31,620

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	10% FTE SSI/SSDI SOAR case manager	\$6,262
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	breakfast , lunch, dinner X 12 months for 15 veterans	\$6,400
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		
Total Annual Assistance Requested		\$12,662
Grant Term		1 Year
Total Request for Grant Term		\$12,662

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	House Security System @ \$ 25.00 per month	\$300
5. Electricity, Gas, and Water	Electric 12 mo. X \$500 Water 12 mo. @ \$ 150 per month	\$7,800
6. Furniture	1 Freezer @ \$ 1200, Refigerator @ \$1500, Stove \$ 700	\$3,400
7. Equipment (lease, buy)	Internet 12 mo.X \$165 Phone 12 mo. X 100	\$3,180
Total Annual Assistance Requested		\$14,680
Grant Term		1 Year
Total Request for Grant Term		\$14,680

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:	\$18,978
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$18,978

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	Donations	08/06/2018	\$18,978

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:** Donations
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/06/2018
- 6. Value of Written Commitment:** \$18,978

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	\$22,560	1 Year	\$22,560
3. Rental Assistance	\$31,620	1 Year	\$31,620
4. Supportive Services	\$12,662	1 Year	\$12,662
5. Operating	\$14,680	1 Year	\$14,680
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$81,522
8. Admin (Up to 10%)			\$8,152
9. Total Assistance Plus Admin Requested			\$89,674
10. Cash Match			\$18,978
11. In-Kind Match			\$0
12. Total Match			\$18,978
13. Total Budget			\$108,652

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:

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

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.

Page	Last Updated	
New Project Application FY2018	Page 53	09/11/2018

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)	08/02/2018
1E. SF-424 Compliance	08/02/2018
1F. SF-424 Declaration	08/02/2018
1G. HUD 2880	08/02/2018
1H. HUD 50070	08/02/2018
1I. Cert. Lobbying	08/02/2018
1J. SF-LLL	08/02/2018
2A. Subrecipients	No Input Required
2B. Experience	08/09/2018
3A. Project Detail	08/02/2018
3B. Description	08/09/2018
3C. Expansion	08/02/2018
4A. Services	08/06/2018
4B. Housing Type	08/06/2018
5A. Households	08/02/2018
5B. Subpopulations	08/02/2018
5C. Outreach	08/06/2018
6A. Funding Request	08/02/2018
6D. Leased Structures	08/06/2018
6E. Rental Assistance	08/06/2018
6F. Supp Srvcs Budget	08/08/2018
6G. Operating	08/08/2018
6I. Match	08/06/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/06/2018