

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2020 Continuum of Care (CoC) Program Competition. For more information see FY 2020 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2020 CoC Program NOFA and the FY 2020 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2020 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: YHDP New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 04/06/2022

4. Applicant Identifier:

4a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Saint Louis yahoo

b. Employer/Taxpayer Identification Number (EIN/TIN): 43-6003242

c. UEI: 123456789acc

d. Address

Street 1: 9666 Olive Blvd.

Street 2: Suite 510

City: St. Louis

County: St. Louis

State: Missouri

Country: United States

Zip / Postal Code: 63132

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services

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

Prefix: Ms.

First Name: Andrea

Middle Name:

Last Name: Holak

Suffix:

Title: Program Manager, Homeless Services

Organizational Affiliation: Saint Louis yahoo

Telephone Number: (314) 615-4413

Extension:
Fax Number: (314) 615-7619
Email: aholak@stlouisco.com

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6400-N-35

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: FY 2020 YHDP New Sample Project

16. Congressional District(s):

16a. Applicant: MO-001, MO-002

16b. Project: AL-003
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/06/2022

b. End Date: 04/17/2024

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: Mr.

First Name: Bill

Middle Name: John

Last Name: Smith

Suffix:

Title: County Executive

Telephone Number: (314) 615-7016
(Format: 123-456-7890)

Fax Number: (314) 615-3727
(Format: 123-456-7890)

Email: sstenger@stlouisco.com

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

Date Signed: 04/06/2022

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Saint Louis yahoo
Prefix: Mr.
First Name: Bill
Middle Name: John
Last Name: Smith
Suffix:
Title: County Executive
Organizational Affiliation: Saint Louis yahoo
Telephone Number: (314) 615-7016
Extension:
Email: sstenger@stlouisco.com
City: St. Louis
County: St. Louis
State: Missouri
Country: United States
Zip/Postal Code: 63132

2. Employer ID Number (EIN): 43-6003242

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$0.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Dept A, 123 Broadview Ave, St. Louis, MO	a	\$5,000.00	a
Dept B, 345 Broadview Ave, St. Louis, MO	b	\$10,000.00	b
Dept C, 678 Broadview Ave, St. Louis, MO	c	\$12,500.00	c

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

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
a		asdf	\$35,000.00	2%
b		asdf	\$12,500.00	3%
c		asfd	\$6,000.00	4%
d		asdf	\$750.00	5%

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

Certification

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

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

I AGREE:

Name / Title of Authorized Official: Bill Smith, County Executive

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

Date Signed: 04/06/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Saint Louis yahoo

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

X

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

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

Authorized Representative

Prefix: Mr.

First Name: Bill

Middle Name: John

Last Name: Smith

Suffix:

Title: County Executive

Telephone Number: (314) 615-7016
(Format: 123-456-7890)

Fax Number: (314) 615-3727
(Format: 123-456-7890)

Email: sstenger@stlouisco.com

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

Date Signed: 04/06/2022

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: Saint Louis yahoo

Name / Title of Authorized Official: Bill Smith, County Executive

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

Date Signed: 04/06/2022

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: Saint Louis yahoo

Street 1: 9666 Olive Blvd.

Street 2: Suite 510

City: St. Louis

County: St. Louis

State: Missouri

Country: United States

Zip / Postal Code: 63132

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.
First Name: Bill
Middle Name: John
Last Name: Smith
Suffix:
Title: County Executive
Telephone Number: (314) 615-7016
(Format: 123-456-7890)
Fax Number: (314) 615-3727
(Format: 123-456-7890)
Email: sstenger@stlouisco.com
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 04/06/2022

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |

- 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Saint Louis yahoo

Prefix: Mr.

First Name: Bill

Middle Name: John

Last Name: Smith

Suffix:

Title: County Executive

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

Date Signed: 04/06/2022

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 your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.**

- 2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**

- 3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.**

- 4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?**

- 5. Describe the experience of the applicant and potential subrecipients (if any) in providing housing and services to Black, Indigenous, People of Color (BIPOC) experiencing homelessness.**

3A. Project Detail

1a. CoC Number and Name:

2. CoC Collaborative Applicant Name:

3. Project Name: FY 2020 YHDP New Sample Project

4. Project Status: Standard

5. Component Type:

3B. Project Description

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

1a. Provide a description that addresses how this project will follow Positive Youth Development.

1b. Provide a description that addresses how this project will follow Trauma Informed Care.

1c. How does this project help the community meet the shared vision, goals and objectives of the coordinated community plan?

1d. Describe how race will not be a factor in determining outcomes in this project.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

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
Begin hiring staff or expending funds				
Begin program participant enrollment				
Program participants occupy leased or rental assistance units or structure(s), or 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				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

You must enter a value greater than zero for at least one project milestone.

3. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?

***4. Check the appropriate box(s) if this project will have a specific subpopulation focus.**

(Select ALL that apply)

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

5. Housing First

5a. Will the project quickly move participants into permanent housing

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

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

5c. Will the project prevent program participant termination from the project for the following reasons? Select all that apply.

Failure to participate in supportive services	<input type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>

Loss of income or failure to improve income	<input type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

**5d. Will the project follow a "Housing First" approach?
 (Click 'Save' to update)**

6. How will you work to remove barriers such as landlord's unwillingness to accept CoC assistance or provide housing to people experiencing homelessness. If project uses RRH units, additionally describe your landlord engagement to ensure there are RRH units available for persons enrolled in your project.

7. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? Yes

7a. Explain how and why the project will implement this requirement.

8. Will more than 16 persons live in a single structure? Yes

8a. Describe the local market conditions that necessitate a project of this size.

8b. Describe how the project will be integrated into the neighborhood.

Youth Homeless Demonstration Projects

1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness? Yes

1a. Describe the intervention strategy to engage families and how community partnerships such as child welfare agencies, schools, youth providers, and other community service and homeless providers are incorporated into the intervention strategy?

1b. What services are provided to engage the family and youth?

Family counseling	<input type="checkbox"/>
Conflict Resolution	<input type="checkbox"/>
Parenting Supports	<input type="checkbox"/>
Relative or kinship caregiver resources	<input type="checkbox"/>
Targeted substance abuse and mental health treatment	<input type="checkbox"/>
Housing Search Assistance	<input type="checkbox"/>
Landlord-Tenant mediation	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>
Utility or Security Deposits	<input type="checkbox"/>
One time moving assistance	<input type="checkbox"/>
Rental Application fees	<input type="checkbox"/>
Utility or Rental Arrears	<input type="checkbox"/>
Other (if other selected, use textbox to explain the potential service)	<input type="checkbox"/>

2. Is this a Host Homes Project?

3. Please identify the specific populations addressed in this project

Pregnant/Parenting		
YHDP New Project Application FY2020	Page 27	04/06/2022

	<input type="checkbox"/>
Minors	<input type="checkbox"/>
Foster care/justice involved youth	<input type="checkbox"/>
LGBTQ+	<input type="checkbox"/>
Gender Non-Conforming	<input type="checkbox"/>
Victims of Sexual Trafficking	<input type="checkbox"/>
Other	<input type="checkbox"/>

4. Does this project plan to use Rental Assistance? Yes

4a. Will this project use Rental Deposits?

4b. Will this project cover first months rent?

4c. Short Term Rental Assistance:

4d. Medium Term Rental Assistance:

5. How will the community continue to involve the Youth Action Board (YAB) in the development and implementation of YHDP projects?

6. Will your project offer any specialized services for youth living with HIV/AIDS? Yes

6a. If Yes, please provide detail of those services.

Special YHDP Activities

1. Is the YHDP Replacement project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity? Yes

2. Check the appropriate box(s) for the Special YHDP Activity the applicant is requesting. (Select all that apply)

1.C.1.a(1) Leases under 12 months (minimum 1 month)	<input type="checkbox"/>
1.C.1.a(2) Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH)	<input type="checkbox"/>
1.C.1.a(3) Use 10% of total YHDP funding for Planning grants	<input type="checkbox"/>
1.C.1.a(4) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement	<input type="checkbox"/>
1.C.1.a(5) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness)	<input type="checkbox"/>
1.C.1.a(6) Employ youth receiving recipient services (document nature of work and no conflicts of interest)	<input type="checkbox"/>
1.C.1.a(7) Use habitability standards in 24 CFR 576.403© rather than HQS in 24 CFR 578.75 for up to 24 months of housing assistance (document standards applied to units and proof of compliance)	<input type="checkbox"/>
1.C.1.a(8) Provide moving expense more than one time to a program participant	<input type="checkbox"/>
1.C.1.a(9) Provide payments for families that provide housing under host homes and kinship care (up to \$500 per month)	<input type="checkbox"/>
No Special YHDP Activities Requested	<input type="checkbox"/>

3. YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to

**obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly.
 (Select all that apply)**

I.C.1.a(10)(a) Security deposits (not to exceed 2 months of rent)	<input type="checkbox"/>	I.C.1.a(10)(g) Payment of rental arrears (up to 6 months)	<input type="checkbox"/>
I.C.1.a(10)(b) Pay for damage to units (not to exceed 2 months rent)	<input type="checkbox"/>	I.C.1.a(10)(h) Payment of utility arrears (up to 6 months)	<input type="checkbox"/>
I.C.1.a(10)(c) Costs to provide household cleaning supplies	<input type="checkbox"/>	I.C.1.a(10)(i) Payment of utilities (Up to 3 months)	<input type="checkbox"/>
I.C.1.a(10)(d) Housing start-up expenses (not to exceed \$300 per participant)	<input type="checkbox"/>	I.C.1.a(10)(j) Pay gas a mileage for participant personal vehicle for trips for eligible services	<input type="checkbox"/>
I.C.1.a(10)(e) Purchase cell phone and service (cost must be reasonable and housing related)	<input type="checkbox"/>	I.C.1.a(10)(k) Payment of Legal fees	<input type="checkbox"/>
I.C.1.a(10)(f) Cost of Internet (costs must be reasonable)	<input type="checkbox"/>	I.C.1.a(10)(l) Payment of insurance, registration and past driving fines	<input type="checkbox"/>
None	<input type="checkbox"/>		

4. Check the appropriate box(s) for the Special YHDP Activity - Exemptions the applicant is requesting. (Select all that apply)

I.C.1.b(1) A recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance.	<input checked="" type="checkbox"/>
I.C.1.b(2) YHDP recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant.	<input checked="" type="checkbox"/>
YHDP recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants.	
I.C.1.b(3) Recipients will not be required to meet the 25% match requirement if the applicant is able to show it has taken reasonable steps to maximize resources available for youth experiencing homelessness in the community	<input checked="" type="checkbox"/>
I.C.1.b(4) Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy.	<input checked="" type="checkbox"/>
I.C.1.b(5) YHDP recipients may provide payments of up to \$1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program.	<input checked="" type="checkbox"/>

No Exemptions Requested.	<input type="checkbox"/>
--------------------------	--------------------------

Enter required additional information about your YHDP Special Activity Request

I.C.1.b(1):

I.C.1.b(2):

I.C.1.b(3):

I.C.1.b(4):

I.C.1.b(5):

5. Innovative Activities I.C.1.b(6)

a. Is the applicant requesting an innovative activity? Yes

Please give a detailed description of your innovative activity.

b. Will this activity be testing or likely to achieve a positive outcome in at least one of the four core outcomes for youth experiencing homelessness (stable housing, permanent connections, education/employment, and well-being)? No

If no, explain why.

c. Is the activity cost-effective? No

If no, explain why.

d. Does the activity conflict with fair housing, Yes

civil rights or environmental regulations?

If yes, explain why.

e. Is the activity approved by the YAB? No

If no, explain why.

f. Is the activity approved by the CoC? No

If no, explain why.

4A. Supportive Services for Participants

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

1a. Describe specific efforts to ensure BIPOC, LGBTQ and people with disabilities experiencing homelessness will be connected to housing of their choice and supported in housing after the assistance has expired.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

**3. For all supportive services available to program 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			
Assistance with Moving Costs			
Case Management			
Child Care			
Education Services			
Employment Assistance and Job Training			
Food			
Housing Search and Counseling Services			
Legal Services			
Life Skills Training			
Mental Health Services			
Outpatient Health Services			
Outreach Services			
Substance Abuse Treatment Services			
Transportation			
Utility Deposits			

Please enter all values for at least one line item.

4. How will the project allow youth the ability to choose the providers and interventions that fit their needs?

5. How will the project respond to the different needs for service type, intensity, and length of supports for youth?

Identify whether the project will include the following activities:

6. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?

6a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events?

7. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?

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

8a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice?

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (Logitudinal System Analysis), data for CAPER/ESG reporting, SPM and Data Quality Table, etc).

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

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?

5. Is there a staff person responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

6. Does your organization conduct a background check for all employees who access and view HMIS data?

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


8. Do you have a process in place to remove licenses for former users who no longer need access to HMIS (e.g. leave their job, fired)?

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

 Activity	 Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	
HMIS Software Training for Sys Admin	
HMIS Software Training	
Data Quality Training	
Security Training	
Privacy/Ethics Training	
HMIS PIT Count Training	
Other (must specify)	

4B. Housing Type and Location

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

Total Units:

Total Beds:

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

4B. Housing Type and Location Detail

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

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

a. Units:

b. Beds:

3. Beds for Youth:

4. Address

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

Street 1:

Street 2:

City:

State:

ZIP Code:

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

5A. Project Participants - Households

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households				
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
Persons over age 24				
Persons ages 18-24				
Accompanied Children under age 18				
Unaccompanied Children under age 18				
Total Persons				

Click Save to automatically calculate totals

At least one person in the Households Grid must be served.

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2022?

2. What type of CoC funding is this project applying for under the Youth Homeless Demonstration Program? YHDP

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 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.

3a. Complete the indirect cost rate table below.

Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter "NA" if using 10 % de minimis rate

Please enter all values for at least one line item.

4. Select a grant term: 2 Years

5. Select the costs for which funding is requested:

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

6C. Leased Units



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

Total Annual Assistance Requested:	
Grant Term:	2 Years
Total Request for Grant Term:	
Total Units:	

Total Assistance Requested Amount has to be greater than \$0.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
This list contains no items			

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:	
Grant Term:	2 Years
Total Request for Grant Term:	
Total Structures:	

Total Assistance Requested Amount has to be greater than \$0.

Structure Name	HUD Paid Rent	Total Annual Assistance Requested	Total Assistance Requested
This list contains no items			

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:	
Total Units:	

Total Assistance Requested Amount has to be greater than \$0.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
This list contains no items			

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
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		\$0
Grant Term		2 Years
Total Request for Grant Term		\$0

**Click the 'Save' button to automatically calculate totals.
 Total Request for Grant Term must be greater than \$0.**

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$0
Grant Term		2 Years
Total Request for Grant Term		\$0

Click the 'Save' button to automatically calculate totals.

Total Request for Grant Term must be greater than \$0.

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS 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 funds requested for each activity.

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. Equipment		
2. Software		
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		\$0
Grant Term:		2 Years
Total Request for Grant Term:		\$0

Click the 'Save' button to automatically calculate totals.

Total Request for Grant Term must be greater than \$0.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$0
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$0

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? Yes

1a. Briefly describe the source of the program income: (limit 1000 characters)

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

Type	Source	Contributor	Amount of Commitments
Cash			

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source:

3. Name of Source:

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment:

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)
2a. Leased Units	\$0	2 Years	\$0
2b. Leased Structures	\$0	2 Years	\$0
3. Rental Assistance	\$0	2 Years	\$0
4. Supportive Services	\$0	2 Years	\$0
5. Operating	\$0	2 Years	\$0
6. HMIS	\$0	2 Years	\$0
7. Sub-total Costs Requested			\$0
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			\$0
10. Cash Match			\$0
11. In-Kind Match			\$0
12. Total Match			\$0
13. Total Budget			\$0

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: Bill Smith
Date: 04/06/2022
Title: County Executive
Applicant Organization: Saint Louis yahoo

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

X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	04/06/2022
1E. SF-424 Compliance	04/06/2022
1F. SF-424 Declaration	04/06/2022
1G. HUD 2880	04/06/2022
1H. HUD 50070	04/06/2022
1I. Cert. Lobbying	04/06/2022
1J. SF-LLL	04/06/2022
IK. SF-424B	04/06/2022
2A. Subrecipients	No Input Required
2B. Experience	Please Complete
3A. Project Detail	Please Complete
3B. Description	Please Complete
Youth Homeless Demonstration Projects	Please Complete
Special YHDP Activities	Please Complete
4A. Services	Please Complete
4A. HMIS Standards	No Input Required
4B. HMIS Training	No Input Required
4B. Housing Type	Please Complete
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	Please Complete
6C. Leased Units	Please Complete

6D. Leased Structures	Please Complete
6E. Rental Assistance	Please Complete
6F. Supp Srvcs Budget	Please Complete
6G. Operating	Please Complete
6H. HMIS Budget	Please Complete
6I. Match	Please Complete
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	04/06/2022

Notes:

Enter a value greater than zero for at least one project milestone.

4B. Housing Type list contains 1 incomplete item.

For project submission, it must be feasible for the project to be under grant agreement by September 30, 2022.

6C. Leased Units list must include at least 1 item(s).

Total Assistance Requested Amount has to be greater than \$0.

6D. Leased Structures list must include at least 1 item(s).

Total Assistance Requested Amount has to be greater than \$0.

6E. Rental Assistance list must include at least 1 item(s).

Total Assistance Requested Amount has to be greater than \$0.

Total Assistance Requested Amount has to be greater than \$0.

Total Assistance Requested Amount has to be greater than \$0.

Total Assistance Requested Amount has to be greater than \$0.

6I. Match list contains 1 incomplete item.