

## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

**1. Type of Submission:** Application

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

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

**If "Other", specify:**

**3. Date Received:** 08/26/2016

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** OR0003L0E001508

**(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).**

**Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number**

**6. Date Received by State:**

**7. State Application Identifier:**

# 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

### 8. Applicant

a. Legal Name: St. Vincent de Paul Society of Lane County, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 93-0454786

	c. Organizational DUNS:	131083172	PLUS 4	
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### d. Address

Street 1: P. O. Box 24608

Street 2:

City: Eugene

County: Lane

State: Oregon

Country: United States

Zip / Postal Code: 97402

### e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

**First Name:** Anne  
**Middle Name:**  
**Last Name:** Williams  
**Suffix:**  
**Title:** Housing Program Director  
**Organizational Affiliation:** St. Vincent de Paul Society of Lane County, Inc.  
**Telephone Number:** (541) 743-7127  
**Extension:**  
**Fax Number:** (541) 683-9423  
**Email:** anne.williams@svdp.us

# 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

**9. Type of Applicant:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" please specify:**

**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-6000-N-25

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

**13. Competition Identification Number:**

**Title:**

## 1D. Congressional District(s)

### Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

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

15. Descriptive Title of Applicant's Project: Connections

16. Congressional District(s):

a. Applicant: OR-004  
(for multiple selections hold CTRL key)

b. Project: OR-004  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 06/01/2017

b. End Date: 05/31/2018

18. Estimated Funding (\$)

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

# 1E. Compliance

## Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

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

**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. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

**Authorized Representative:** The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

**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:** Terrence

**Middle Name:** R.

**Last Name:** McDonald

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (541) 743-7125  
**(Format: 123-456-7890)**

**Fax Number:** (541) 683-9423  
**(Format: 123-456-7890)**

**Email:** terry.mcdonald@svdp.us

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**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 08/26/2016

## 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: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

## 2B. Recipient Performance

### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

**APR Submission:** Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

**HUD Monitoring Findings:** Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

**Quarterly Drawdowns:** Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

**Recaptured Funds:** Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

**1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

**2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** Yes

**Date HUD or OIG issued the oldest unresolved finding(s)** 06/06/2016

**Explain why the finding(s) remains unresolved**

Responses to Monitoring findings have been submitted to HUD and are pending resolution.

**3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent** Yes

**grant term related to this renewal project request?**

**4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

### 3A. Project Detail

**Instructions:**

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

**1. Expiring Grant Number:** OR0003L0E001508

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

**2a. CoC Number and Name:** OR-500 - Eugene, Springfield/Lane County CoC

**2b. CoC Collaborative Applicant Name:** Lane County

**3. Project Name:** Connections

**4. Project Status:** Standard

**5. Component Type:** TH

**6. Does this project use one or more properties that have been conveyed through the Title V process?** No

### 3B. Project Description

#### Instructions:

##### ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

##### PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants.

##### PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select "PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

##### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

##### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

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

The St. Vincent DePaul (SVDP) Connections project operates 21 units of transitional housing for homeless families with children. Participant households have experienced domestic violence, sexual abuse or physical abuse. Many participants have mental health and addiction issues. All participants are extremely low income. Many come from a background of generational poverty and homelessness. The project is designed to help clients address their barriers to employment and housing stability and acquire the means to move toward self-sufficiency. Connections addresses clients' need for skills and income for self-sufficiency and housing stability by offering specific services to help families identify the issues that have resulted in their homelessness. These services include the development of family-specific case plans with goals, steps and timelines.

Each family accesses specific services related directly to their goals and needs. For families where addiction has contributed to homelessness, post-treatment counseling and support groups are required. Where domestic violence has been an issue, anger management and support groups are provided. Individual, couples and group counseling are also provided. In-home parent coaching is provided to households where parenting skills need reinforcing. Vocational services are provided for households needing to improve job skills or to access

job placement services.

All households are required to develop and implement a household budget. Participants begin planning for their transition to permanent housing at the end of their first program year. Families sign up for Section 8, and place themselves on affordable housing waiting lists. Families are required to complete a renter education program that focuses on the skills needed to be a good tenant. Households with good tenant history have the option of transitioning in place and remain in their unit as a permanent tenant. Households are encouraged to begin saving for moving costs.

All of these services are designed to meet each family's goals and to assist families to become more self-reliant, and above all, to have the ability to obtain and maintain permanent stable housing.

95% of participants will exit program to permanent housing: 52% of participants over the age of 18 will maintain or increase income during the grant year: 90% of participants will access mainstream benefits during the grant year. The Connections Project participates in all Continuum of Care Planning, and is an active participant in the Coordinated Referral System.

Connections staff meet regularly with Oregon Department of Human Services (DHS) to best assist DHS engaged households and coordinates educational services with the McKinney/Vento Homeless liaisons. To ensure services for victims of domestic violence are available, co-case management with Womenspace, the agency serving area victims of domestic violence, strengthen resources of both agencies.

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

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

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

**Other:** Latino households

**3. Housing First**

**3a. Does the project quickly move No**  
**participants into permanent housing**

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance abuse	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

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

**3d. Does the project follow a "Housing First" No**  
**approach?**

**4. Does the project request costs under the No**  
**rental assistance budget line item?**

## 4A. Supportive Services for Participants

**Instructions:**

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.

- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.

- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.

- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes" or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

**Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Quarterly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Applicant	Bi-weekly
Education Services	Non-Partner	As needed

<b>Employment Assistance and Job Training</b>
<b>Food</b>
<b>Housing Search and Counseling Services</b>
<b>Legal Services</b>
<b>Life Skills Training</b>
<b>Mental Health Services</b>
<b>Outpatient Health Services</b>
<b>Outreach Services</b>
<b>Substance Abuse Treatment Services</b>
<b>Transportation</b>
<b>Utility Deposits</b>

Applicant	As needed
Applicant	Weekly
Applicant	As needed
Non-Partner	As needed
Applicant	Monthly
Applicant	As needed
Non-Partner	As needed
Applicant	Weekly
Partner	As needed
Applicant	As needed
Partner	Annually

**2. Please identify whether the project includes the following activities:**

**2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**2b. Use of a single application form for four or more mainstream programs?** No

**2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

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

**3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

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

**Total Units:** 21

**Total Beds:** 63

**Total Youth Beds:** 0

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (...)	21	63	0	

## 4B. Housing Type and Location Detail

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

#### ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

**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:** 21

**b. Beds:** 63

**3. Beds for Youth**

**a. How many of the total beds entered in 0**  
**"2b. Beds" are dedicated to the youth?**

**4. Address:**

**Street 1:** 1665 Oak Patch Rd

**Street 2:** 1135 Hayes St

**City:** Eugene

**State:** Oregon

**ZIP Code:** 97402

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

419039 Lane County

## 5A. Project Participants - Households

**Instructions:**

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

**Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

**Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

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

<b>Households</b>	<b>Households with at Least One Adult and One Child</b>	<b>Adult Households without Children</b>	<b>Households with Only Children</b>	<b>Total</b>
<b>Total Number of Households</b>	21	0	0	21

<b>Characteristics</b>	<b>Persons in Households with at Least One Adult and One Child</b>	<b>Adult Persons in Households without Children</b>	<b>Persons in Households with Only Children</b>	<b>Total</b>
------------------------	--	---	---	--------------

Adults over age 24	19	0		19
Adults ages 18-24	5	0		5
Accompanied Children under age 18	39		0	39
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	63	0	0	63

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

**Instructions:**

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	0	0	0	4	0	2	4	0	0	13
Adults ages 18-24	0	0	0	2	0	2	4	0	0	1
Children under age 18	0			0	0	1	17	1	0	20
<b>Total Persons</b>	0	0	0	6	0	5	25	1	0	34

**Click Save to automatically calculate totals**

**Persons in Households without Children**

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

**Persons in Households with Only Children**

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

**Describe the unlisted subpopulations referred to above:**

Households members with no disabilities or domestic violence.

## 5C. Outreach for Participants

**Instructions:**

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- 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 (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

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

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

75%	Directly from the street or other locations not meant for human habitation.
25%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
0%	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 (TH and SSO projects only)
0%	Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
0%	Persons fleeing domestic violence.
100%	Total of above percentages

## 6A. Funding Request

### Instructions:

#### ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

**1. Do any of the properties in this project have an active restrictive covenant?** No

**2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?** No

**3. Are the requested renewal funds reduced from the previous award as a result of reallocation?** No

**4. Does this project propose to allocate funds according to an indirect cost rate?** No

**5. Renewal Grant Term:** 1 Year

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

<b>Leased Units</b>	<input checked="" type="checkbox"/>
<b>Leased Structures</b>	<input type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operations</b>	<input type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

## 6B. Leased Units Budget

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

<b>Total Annual Assistance Requested:</b>		\$65,124	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$65,124	
<b>Total Units:</b>		21	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
OR - Eugene-Sprin...	21	\$65,124	\$65,124

## Leased Units Budget Detail

**Instructions:**

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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. The number(s) entered must match the HUD approved FY 2016 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the CoC's HUD approved FY 2016 GIW.

Grant Term: This field is populated with "1 Year" and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

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

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

**Enter the appropriate values in the "Number of Units" AND "Total Request" fields.**

**Metropolitan or non-metropolitan fair market rent area:** OR - Eugene-Springfield, OR MSA (4103999999)

### Leased Units Annual Budget

	Size of Units	# of Units (Applicant)	Total Request (Applicant)
	SRO		
	0 Bedroom		
	1 Bedroom		
	2 Bedroom	12	
	3 Bedroom	9	
	4 Bedroom		
	5 Bedroom		
	6 Bedroom		
	7 Bedroom		
	8 Bedroom		
	9 Bedroom		

<b>Total Units and Annual Assistance Requested</b>	21	\$65,124
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$65,124

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

## 6E. 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. 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. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW.

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 with the value "1 Year" and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Assessment of Service Needs</b>	.25FTE @ \$41,912 = \$10,478	\$10,478
<b>2. Assistance with Moving Costs</b>		
<b>3. Case Management</b>	Case Management: Program Manager: .33FTE @ \$41,912 = \$13,831; Service Coordinator .57FTE @ \$39,028 = \$22,246; Lead Case Manager .98 FTE @ \$37,856= \$37,099; Case Manager .98FTE @ \$35,152=\$34,499	\$107,675
<b>4. Child Care</b>	Child care for support/counseling meetings 384 hrs @12.00/hr	\$4,600
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>	50 hrs Job Coaching @ \$50.00/ hr	\$2,500
<b>7. Food</b>	6 Food boxes until Food stamps start	\$257
<b>8. Housing/Counseling Services</b>	.22FTE @ \$41,912 = \$9,252	\$9,252
<b>9. Legal Services</b>		
<b>10. Life Skills</b>		
<b>11. Mental Health Services</b>	50 hrs Group Counseling @ \$50.00/ hr	\$2,500
<b>12. Outpatient Health Services</b>		

<b>13. Outreach Services</b>	.11 FTE @ \$41,912 = \$9,252	\$4,626
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	Case manager (4) mileage @ .56=8,260 miles	\$4,626
<b>16. Utility Deposits</b>		
<b>17. Operating Costs</b>		\$0
<b>Total Annual Assistance Requested</b>		\$146,514
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$146,514

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

## 6H. 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

<b>Total Value of Cash Commitments:</b>				\$40,332	
<b>Total Value of In-Kind Commitments:</b>				\$0	
<b>Total Value of All Commitments:</b>				\$40,332	
Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	St. Vincent de Pa...	08/11/2016	\$40,332

## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

- 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:** St. Vincent de Paul Society of Lane County  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/11/2016
- 6. Value of Written Commitment:** \$40,332

## 6I. Summary Budget

**Instructions:**

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

**The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.**

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$65,124
1b. Leased Structures	\$0
2. Rental Assistance	\$0

<b>3. Supportive Services</b>	\$146,514
<b>4. Operating</b>	\$0
<b>5. HMIS</b>	\$0
<b>6. Sub-total Costs Requested</b>	\$211,638
<b>7. Admin (Up to 10%)</b>	\$14,814
<b>8. Total Assistance plus Admin Requested</b>	\$226,452
<b>9. Cash Match</b>	\$40,332
<b>10. In-Kind Match</b>	\$0
<b>11. Total Match</b>	\$40,332
<b>12. Total Budget</b>	\$266,784

## 7A. Attachment(s)

### Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	SVdP Non Profit D...	08/16/2016
2) Other Attachment	No	HUD 2991 Certific...	08/20/2016
3) Other Attachment	No		

## **Attachment Details**

**Document Description:** SVdP Non Profit Documentation

## **Attachment Details**

**Document Description:** HUD 2991 Certification of Consistency  
Consolidated Plan

## **Attachment Details**

**Document Description:**

## 7B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

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

**20-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

**C. Explanation.**

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

**Name of Authorized Certifying Official** Terrence McDonald

**Date:** 08/26/2016

**Title:** Executive Director

**Applicant Organization:** St. Vincent de Paul Society of Lane County, Inc.

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant**

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

## 8B Submission Summary

Page	Last Updated
<b>1A. Application Type</b>	08/08/2016
<b>1B. Legal Applicant</b>	No Input Required
<b>1C. Application Details</b>	No Input Required
<b>1D. Congressional District(s)</b>	08/17/2016
<b>1E. Compliance</b>	08/08/2016
<b>1F. Declaration</b>	08/08/2016
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Recipient Performance</b>	08/24/2016

Renewal Project Application FY2016	Page 45	08/26/2016
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<b>3A. Project Detail</b>	08/08/2016
<b>3B. Description</b>	08/24/2016
<b>4A. Services</b>	08/08/2016
<b>4B. Housing Type</b>	08/08/2016
<b>5A. Households</b>	08/08/2016
<b>5B. Subpopulations</b>	08/08/2016
<b>5C. Outreach</b>	08/08/2016
<b>6A. Funding Request</b>	08/08/2016
<b>6B. Leased Units</b>	08/08/2016
<b>6E. Supp. Srvcs. Budget</b>	08/08/2016
<b>6H. Match</b>	08/16/2016
<b>6I. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/20/2016
<b>7B. Certification</b>	08/16/2016

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **NOV 06 2006**

ST VINCENT DE PAUL SOCIETY OF LANE  
COUNTY INC  
C/O WALLACE A GLAUSI  
ATER WYNNE LLP  
222 SW COLUMBIA STE 1800  
PORTLAND, OR 97201-0000

Employer Identification Number:  
93-0454786  
DLN:  
17053243024005  
Contact Person:  
KIM NGUYEN ID# 31525  
Contact Telephone Number:  
(877) 829-5500

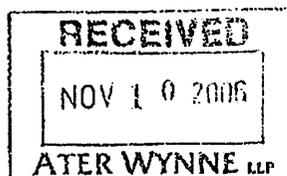
Accounting Period Ending:  
September 30  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
October 2, 2005  
Contribution Deductibility:  
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.



Letter 947 (DO/CG)

ST VINCENT DE PAUL SOCIETY OF LANE

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

Addendum

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Lane County

Project Name: See attached list.

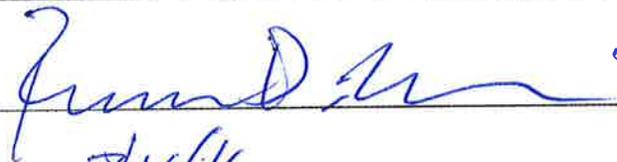
Location of the Project: Eugene/Springfield/Lane County

Name of the Federal Program to which the applicant is applying: Continuum of Care Program

Name of Certifying Jurisdiction: State of Oregon/Oregon Housing and Community Services (OHCS)

Certifying Official of the Jurisdiction Name: Rem Nivens

Title: Assistant Director

Signature: 

Date: 7/16/16

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Lane County

Project Name: See Attached list.

Location of the Project: Eugene/Springfield/Lane County, Oregon  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: Continuum of Care Program

Name of Certifying Jurisdiction: City of Eugene

Certifying Official of the Jurisdiction Name: Jon R. Ruiz

Title: City Manager, City of Eugene

Signature: 

Date: 8/10/16

**Lane County Oregon  
Fiscal Year 2016 Grant Application Projects  
HUD Continuum of Care Program**

The projects summarized below are included in the 2016 HUD Continuum of Care application. They provide critical services for homeless families and individuals to address the housing and services gap.

The **Lane County Continuum of Care Grant** renewal and new projects include:

**1. Camas Permanent Housing Project**

Camas Permanent Housing Project serves 12 households without children and 2 households with children where there is a history of chronic homelessness and a diagnosis of serious mental illness or a pattern of acute medical care needs. They will reside in scattered site permanent supported affordable housing through a housing first approach. Participants are provided permanent housing in the Eugene/Springfield/Lane County area. Households receive intensive case management to help clients obtain the skills and income needed for self-sufficiency, self-determination and housing stability. *Camas Permanent Housing Project will serve up to 14 households with adults only and two households with children at any given point in time.*

**2. Cascades Rapid Re-Housing Project**

Cascades is a rapid re-housing program which will provide rapid rehousing services to single adults who are homeless and medically fragile. Eligible singles will receive case management services to stabilize their situation and stabilize their housing. Case managers identify and build their plan of action with participants including increasing education and training, obtaining more gainful employment, building positive relationships with landlords and neighbors, building savings, building communication skills and accessing community resources. A critical component of this program will be to connect these individuals with health care providers who will help them manage and resolve their health care needs and access medications. *Cascades will serve 9 households with adults only at any given point in time.*

**3. Emerald Options**

Emerald Options is a permanent housing project providing long-term, community based housing and supportive services to homeless persons with developmental disabilities including disabled individuals and families. *Emerald Options serves 10 households with adults only and 5 households with children at any given point in time.*

**4. OR-500 CoC Planning Application 2016**

Lane County Human Services Commission is responsible for the administration of Continuum of Care (CoC) planning. The CoC is responsible for developing a plan that coordinates housing and service system that meets the needs of homeless individuals and families within its geographic area. The plan must be developed using a comprehensive community-based or region-based approach to ending homelessness. The CoC's plan addresses the specific needs of all homeless subpopulations, including, but not limited to persons with substance abuse issues; persons with HIV/AIDS; veterans and their families; the chronically homeless; families with children; unaccompanied youth; persons with serious mental illness; and victims of domestic violence,

sexual assault, and stalking.

## **5. LANE HMIS**

Lane County Human Services Commission will be responsible for the overall administration of LANE Homeless Management Information System (LANE HMIS) project. Lane County Continuum of Care has participated in State of Oregon's HMIS since April 2005. The LANE HMIS uses ServicePoint HMIS data for budgetary decision-making, grant applications, program performance measurement, and to illustrate the conditions of poverty in Lane County. Lane County-Human Services Division provides agency-level HMIS reports to participating HMIS agencies for similar uses.

## **6. McKenzie Rapid Rehousing Project**

McKenzie Rapid Rehousing is a rapid rehousing project which facilitates the movement of homeless individuals and families to permanent housing. Homeless individuals and families may participate in McKenzie Rapid Rehousing up to 24 months and receive supportive services that enable them to live more independently. *McKenzie Rapid Rehousing serves 9 households with adults only and 33 households with children at any given point in time.*

## **7. Safe Haven Shankle**

Safe Haven Shankle is a permanent housing project that serves hard-to-reach, chronically homeless persons with a severe and persistent mental illness. Shankle facility consists of 16-bed permanent beds in 8 residential units and also offers 11 scattered site beds in the community. On-site services include basic needs, food, shelter and case management. Individuals successfully move to permanent housing by getting assistance with mental health recovery and connections to the supports they need to create resiliency, self-sufficiency and stability. *Safe Haven Shankle serves 27 households with adults only at any given point in time.*

## **8. Sahalie Permanent Housing (new bonus project)**

Sahalie Permanent Housing Project will provide services to chronically homeless individuals. Individuals will also be identified as frequent users of health care, emergency medical, human services and public safety systems. They may present with one or more of the following disabilities: a serious mental illness, physical disability or chronic health condition, developmental disabilities, substance abuse issues or HIV/AIDS. Housing is subsidized and supported with a program of intensive case management known as Frequent Users System Engagement (FUSE). Case managers assist with coordination, skill building and emotional support, housing retention and help to build social support systems. Individuals are linked to individualized supportive services, to help them obtain housing stability and avoid returns to costly crisis services and institutions. Program participants will reside in scattered site permanent housing units through a housing first approach. Sahalie Permanent Housing Project *will serve up to 10 households with adults only at any given point in time.*

The **St. Vincent de Paul (SVDP)** Continuum of Care grant renewal projects include:

## **9. Connections**

Connections provides transitional housing for homeless families with children. Housing is provided in SVDP owned and managed affordable housing complexes scattered throughout

Eugene and Springfield. All complexes have on-site managers, and Resident Services Coordinators provide an additional array of youth activities, homework clubs and tenant education activities. The project is designed to help clients acquire the means move to self-sufficiency. *Connections serves 21 households with children at any given point in time.*

**10. First Place Families Project**

SVDP's First Place Families Project will provide services to promote self-sufficiency for chronically homeless families. The adult head of household must have a diagnosable disability. Participants are provided permanent housing in the Eugene/Springfield/Lane County area. They receive intensive case management to help clients obtain the skills and income needed for self-sufficiency, self-determination and housing stability. First Place Families Project *will serve 3 households with children at any given point in time.*

**11. LIFT (Living Independently Following Treatment)**

LIFT is an inter-agency collaborative project designed to fill an unmet need for services to promote self-sufficiency of chronically homeless individuals and families with co-occurring mental illness and addictions. Participants are provided permanent housing in St. Vincent de Paul-owned affordable housing complexes in the Eugene/Springfield area. Households receive housing, education, and intensive case management to help clients obtain the skills and income needed for self-sufficiency, self-determination and housing stability. *LIFT serves 8 households with adults only and 10 households with children at any given point in time.*

**12. Vet LIFT**

The Vet LIFT is a permanent housing project serving chronically homeless veterans with dual diagnoses of a mental disorder with substance abuse. The project addresses the need for permanent housing for homeless individuals with disabilities and their need of skills and resources to obtain and maintain self-sufficiency. Participants are housed in single bedroom apartments and receive an array of supportive services to address the multiple barriers to stability. *Vet LIFT serves 18 households with adults only at any given point in time.*

The **Housing and Community Services Agency of Lane County (HACSA)** Continuum of Care grant renewal project and the permanent housing bonus Project includes:

**13. Shelter Plus Care**

HACSA's Shelter Plus Care (S+C) is a tenant-based rental assistance program which provides housing to families and chronically homeless individuals with a mental illness. The majority of the participants have co-occurring substance abuse issues. The goal of the program is to promote clients' independence and help them acquire permanent housing. S+C offers 27 one bedroom units, 17 two bedroom units and 4 three bedroom units. Shelter Plus Care *serves 45 households with adults only and 3 households with children at any given point in time.*

#### **14. Madrone Permanent Housing Project**

Madrone Permanent Housing Project will provide services to chronically homeless individuals and families. The households may present with one or more of the following disabilities: a serious mental illness, physical disability or chronic health condition, developmental disabilities, substance abuse issues or HIV/AIDS. Housing is subsidized and supported with a program of intensive case management provided by an interdisciplinary team of case managers who have multiple specialties. Case managers assist with planning, coordination, resource acquisition, skill development and emotional support. Program participants will reside in scattered site permanent supported affordable housing through a housing first approach. Madrone Permanent Housing Project *will serve up to 26 households with adults only and 7 households with children at any given point in time.*