

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: 09/06/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: OR0010L0E001508

(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: Lane County

b. Employer/Taxpayer Identification Number (EIN/TIN): 93-6002303

	c. Organizational DUNS:	030786248	PLUS 4	
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d. Address

Street 1: 151 W. 7th Ave. Room 560

Street 2:

City: Eugene

County: Lane

State: Oregon

Country: United States

Zip / Postal Code: 97401

e. Organizational Unit (optional)

Department Name: Health and Human Services

Division Name: Human Services

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

Prefix: Ms.

Renewal Project Application FY2016	Page 2	09/06/2016
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First Name: Pearl
Middle Name:
Last Name: Wolfe
Suffix:
Title: Human Services Supervisor
Organizational Affiliation: Lane County
Telephone Number: (541) 682-4629
Extension:
Fax Number: (541) 682-3760
Email: Pearl.Wolfe@co.lane.or.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: B. County Government
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: McKenzie Rapid Re-housing Project

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:** 07/01/2017

b. **End Date:** 06/30/2018

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

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: Steve

Middle Name:

Last Name: Mokrohisky

Suffix:

Title: County Administrator

Telephone Number: (541) 682-3688
(Format: 123-456-7890)

Fax Number: (541) 682-4616
(Format: 123-456-7890)

Email: steve.mokrohisky@co.lane.or.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/06/2016

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: \$534,643

Organization	Type	Sub-Award Amount
ShelterCare	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$208,873
Catholic Community Services	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$208,873
Looking Glass Youth and Family Services Inc.	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$116,897

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: ShelterCare

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 23-7115003

	* d. Organizational DUNS:	168999951	PLUS 4	
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e. Physical Address

Street 1: 499 W.4th Ave.

Street 2:

City: Eugene

State: Oregon

Zip Code: 97401

f. Congressional District(s): OR-004
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$208,873

j. Contact Person

Prefix: Ms.

First Name: Susan

Middle Name: A.

Last Name: Ban

Suffix:

Title: Executive Director

E-mail Address: sban@sheltercare.org

Confirm E-mail Address: sban@sheltercare.org

Phone Number: 541-686-1262

Extension:

Fax Number: 541-686-0359

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Catholic Community Services

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 93-0409105

	* d. Organizational DUNS:	036468619	PLUS 4	
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e. Physical Address

Street 1: 1025 G St.

Street 2:

City: Springfield

State: Oregon

Zip Code: 97477

f. Congressional District(s): OR-004
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$208,873

j. Contact Person

Prefix: Mr.

First Name: Thomas

Middle Name: O

Last Name: Mulhern

Suffix:

Title: Executive Director

E-mail Address: tmulhern@ccslc.org

Confirm E-mail Address: tmulhern@ccslc.org
Phone Number: 541-345-3628
Extension:
Fax Number: 541-744-2272

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other

than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Looking Glass Youth and Family Services Inc.

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 93-0605174

	* d. Organizational DUNS:	155784564	PLUS 4	
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e. Physical Address

Street 1: 1790 W. 11th Ave

Street 2: Suite 200

City: Eugene

State: Oregon

Zip Code: 97402

f. Congressional District(s): OR-004
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$116,897

j. Contact Person

Prefix: Mr.

First Name: Craig

Middle Name:
Last Name: Opperman
Suffix:
Title: Executive Director
E-mail Address: craig.opperman@lookingglass.us
Confirm E-mail Address: craig.opperman@lookingglass.us
Phone Number: 541-686-2688
Extension:
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

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?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 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: OR0010L0E001508

(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: McKenzie Rapid Re-housing Project

4. Project Status: Standard

5. Component Type: PH

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.

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 without children and 33 households with children at any given point in time. The homeless individuals and families have multiple barriers to housing stability including low income, lack of sufficient education or training for the current marketplace and a lack of economic assets. These households have challenges that are essential to housing stability in the areas of childcare, transportation, medical services, crisis intervention issues and supports around continuing education and obtaining or maintaining employment. After an assessment is completed, an action plan is developed to begin to lift the barriers identified. Through supportive on-going case management, connections to mainstream resources, home visits and assistance in connecting to all appropriate community resources, the individual or family becomes self sufficient. After stability is achieved in this rapid rehousing program, participants are ready to successfully move toward permanent housing in the community. McKenzie RRH providers coordinate with McKinney Vento Homeless School liaisons,

Community Health Centers of Lane County, DHS, Lane County Work Source, and numerous local property management companies.

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

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

Chronic Homeless	<input 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 type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

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 checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
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" approach? Yes

4. Does the PH project provide PSH or RRH? RRH

4a. Does the project request costs under the rental assistance budget line item? Yes

4b. 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? No

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	Subrecipient	Annually
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Bi-monthly
Child Care	Subrecipient	As needed
Education Services	Subrecipient	As needed

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

Subrecipient	As needed
Partner	As needed
Subrecipient	As needed
Subrecipient	As needed
Non-Partner	As needed
Subrecipient	As needed

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: 42

Total Beds: 100

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (...)	42	100	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: 42

b. Beds: 100

3. Address

Street 1: 125 E. 8th Ave.

Street 2:

City: Eugene

State: Oregon

ZIP Code: 97401

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

410426 Eugene, 411290 Springfield, 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/>

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	33	9	0	42

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total

Adults over age 24	32	0		32
Adults ages 18-24	9	9		18
Accompanied Children under age 18	50		0	50
Unaccompanied Children under age 18			0	0
Total Persons	91	9	0	100

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 represent ed by listed subpopu lations
Adults over age 24	0	0	0	5	0	12	7	1	4	20
Adults ages 18-24	0	0	0	2	0	3	2	0	1	5
Children under age 18	0			0	0	3	10	0	0	40
Total Persons	0	0	0	7	0	18	19	1	5	65

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	0	0	0	0	0	0	0	0	0	0
Adults ages 18-24	0	0	0	3	0	2	2	0	0	5
Total Persons	0	0	0	3	0	2	2	0	0	5

Click Save to automatically calculate totals

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										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

Households or household members who do not have a disability 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.

60%	Directly from the street or other locations not meant for human habitation.
40%	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 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? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
DHS	4%	\$3,385,856

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

c. Do you plan to use the 10% de minimis rate? No

5. Renewal Grant Term: 1 Year

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

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

6D. 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:		\$321,876	
Total Units:		42	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	OR - Eugene-Springfield, OR MSA (4103...	42	\$321,876

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select "Yes" from the dropdown for this question. The project applicant will then have the ability to enter an amount in the "HUD Paid Rent (applicant)" field that is less than the amount listed in the "FMR Area (applicant)" field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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) listed should match the CoC's HUD-approved FY 2015 GIW.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the project applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select "No" above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as "Actual".

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding "HUD Paid Rent" and by 12 months. If the applicant selected "No" above, the automatic calculation will be based on the FMR and not the "HUD Paid Rent."

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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

Total Request for Grant Term: This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

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

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

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$421		x	\$0
0 Bedroom	x	\$561		x	\$0
1 Bedroom	9 x	\$679	\$550	x	\$59,400
2 Bedrooms	31 x	\$909	\$650	x	\$241,800
3 Bedrooms	1 x	\$1,308	\$823	x	\$9,876
4 Bedrooms	1 x	\$1,563	\$900	x	\$10,800
5 Bedrooms	x	\$1,797		x	\$0
6 Bedrooms	x	\$2,032		x	\$0
7 Bedrooms	x	\$2,266		x	\$0
8 Bedrooms	x	\$2,501		x	\$0
9 Bedrooms	x	\$2,735		x	\$0
Total Units and Annual Assistance Requested	42				\$321,876
Grant Term					1 Year
Total Request for Grant Term					\$321,876

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
1. Assessment of Service Needs	Looking Glass Case Manager: 0.5 FTE x \$28,102 = \$14,051, ShelterCare Family Resource Counselor: 0.2 FTE x \$42,971 = \$8,594, Catholic Community Services Case Manager: 0.203 FTE x \$41,129 = \$8,336	\$30,981
2. Assistance with Moving Costs	Looking Glass: \$1,192: Moving truck rentals: 8 x \$125 = \$1,000, Gas: \$192	\$1,192
3. Case Management	Looking Glass Case Manager: 1 FTE x \$28,102 = \$28,102, ShelterCare: Program Manager: 0.26 FTE x \$57,558 = \$14,965, Family Resources Counselor: 0.8384 FTE x \$42,971 = \$36,026, Catholic Community Services: Case Manager: 0.8 FTE x \$41,129 = \$32,903, Program Supervisor: 0.09 FTE x \$58,767 = \$5,289	\$117,285
4. Child Care	Catholic Community Services: Child care vouchers: 200 hours x \$5/hour = \$1,000	\$1,000
5. Education Services	ShelterCare: GED/ESL Services \$200, Catholic Community Services: Renter's Education classes: 4 @ \$250 each = \$1,000	\$1,200
6. Employment Assistance	Catholic Community Services: Employment Supplies \$2,000	\$2,000
7. Food		

8. Housing/Counseling Services	Looking Glass: 17 fees x \$50, 1 x \$60 = \$910, ShelterCare: 11 fees x \$50 = \$550, Catholic Community Services: 6 fees x \$50 = \$300	\$1,760
9. Legal Services	Legal Fees: \$100/hour x 16 hours = \$1,600	\$1,600
10. Life Skills		
11. Mental Health Services	Mental Health and Counseling Services Co-pays: 21 x \$30 = \$630, 3 x \$25 = \$75	\$705
12. Outpatient Health Services	ShelterCare: medical co-pays and deductables: \$9,079, Catholic Community Services: medical, co-pays and deductables: \$11,822	\$20,901
13. Outreach Services	Catholic Community Services: Housing Out Reach: 0.2571 FTE x \$35,620 = \$9,160	\$9,160
14. Substance Abuse Treatment Services	Substance Abuse Treatment Copays: 14 x \$50 = \$700	\$700
15. Transportation	ShelterCare: bus passes: \$1,500, mileage: \$280, vehicle expense: \$2,500 Catholic Community Services bus passes: \$600	\$4,880
16. Utility Deposits	Looking Glass: \$207, ShelterCare: \$3,090	\$3,297
17. Operating Costs		\$0
Total Annual Assistance Requested		\$196,661
Grant Term		1 Year
Total Request for Grant Term		\$196,661

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

Total Value of Cash Commitments:					\$141,238
Total Value of In-Kind Commitments:					\$0
Total Value of All Commitments:					\$141,238
Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Looking Glass, La...	08/09/2016	\$16,450
Yes	Cash	Government	Looking Glass, Tr...	08/09/2016	\$14,166
Yes	Cash	Government	Catholic Communit...	08/10/2016	\$42,794
Yes	Cash	Private	Catholic Communit...	08/10/2016	\$11,583
Yes	Cash	Government	Lane County Healt...	08/02/2016	\$4,027
Yes	Cash	Government	ShelterCare	08/11/2016	\$44,908
Yes	Cash	Private	ShelterCare	08/11/2016	\$7,310

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:** Government
- 4. Name the Source of the Commitment:** Looking Glass, Lane County Human Services
(Be as specific as possible and include the office or grant program as applicable) Division General Fund
- 5. Date of Written Commitment:** 08/09/2016
- 6. Value of Written Commitment:** \$16,450

Sources of Match Detail

Instructions:

Renewal Project Application FY2016	Page 43	09/06/2016
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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 "6l. 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:** Government
- 4. Name the Source of the Commitment:** Looking Glass, Trillium Medicaid
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/09/2016
- 6. Value of Written Commitment:** \$14,166

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 "6l. 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: Government

4. Name the Source of the Commitment: Catholic Community Services, Human Services
(Be as specific as possible and include the office or grant program as applicable) Division General Fund

5. Date of Written Commitment: 08/10/2016

6. Value of Written Commitment: \$42,794

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 "6l. 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: Catholic Community Services General Fund
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/10/2016

6. Value of Written Commitment: \$11,583

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 "6l. 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: Government

4. Name the Source of the Commitment: Lane County Health and Human Services
(Be as specific as possible and include the office or grant program as applicable) General Fund

5. Date of Written Commitment: 08/02/2016

6. Value of Written Commitment: \$4,027

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 "6l. 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: Government

4. Name the Source of the Commitment: ShelterCare
(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: \$44,908

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 "6l. 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:** ShelterCare
(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:** \$7,310

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	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$321,876

3. Supportive Services	\$196,661
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$518,537
7. Admin (Up to 10%)	\$32,212
8. Total Assistance plus Admin Requested	\$550,749
9. Cash Match	\$141,238
10. In-Kind Match	\$0
11. Total Match	\$141,238
12. Total Budget	\$691,987

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	Non-profit docume...	08/15/2016
2) Other Attachment	No	LC Full Cost Plan...	08/15/2016
3) Other Attachment	No	HUD 2991 Certific...	08/18/2016

Attachment Details

Document Description: Non-profit documentation LG-CCS-SC

Attachment Details

Document Description: LC Full Cost Plan 16-17

Attachment Details

Document Description: HUD 2991 Certification of Consistency
Consolidated Plan

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 Steve Mokrohisky

Date: 09/06/2016

Title: County Administrator

Applicant Organization: Lane County

PHA Number (For PHA Applicants Only):

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

X

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
1A. Application Type	08/05/2016
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/05/2016
1E. Compliance	08/05/2016
1F. Declaration	08/05/2016
2A. Subrecipients	08/05/2016
2B. Recipient Performance	08/09/2016

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3A. Project Detail	08/05/2016
3B. Description	08/22/2016
4A. Services	08/05/2016
4B. Housing Type	08/05/2016
5A. Households	08/05/2016
5B. Subpopulations	08/05/2016
5C. Outreach	08/05/2016
6A. Funding Request	08/15/2016
6D. Rental Assistance	08/05/2016
6E. Supp. Srvcs. Budget	08/15/2016
6H. Match	08/17/2016
6I. Summary Budget	No Input Required
7A. Attachment(s)	08/18/2016
7B. Certification	08/22/2016

McKenzie Rapid Rehousing

Non-Profit Documentation

Three Subrecipients:

- Catholic Community Services
- Looking Glass Youth and Family Services
- ShelterCare

Non Profit Documentation:

Catholic Community Services of Lane County, Inc.

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

CATHOLIC COMMUNITY SERVICES OF LANE COUNTY, INC.

was

incorporated

under the Oregon

Nonprofit Corporation Act

on

November 4, 1953

and is active on the records of the Corporation Division as of
the date of this certificate.



In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

KATE BROWN, Secretary of State

By Debra L. Vrag

Debra L. Vrag

July 26, 2011

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: June 4, 2014

Person to Contact:

Roger Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 19, 2014, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2014*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2014* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

In your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

A handwritten signature in black ink that reads "Tamera Ripperda". The signature is written in a cursive style with a large, prominent initial "T".

Tamera Ripperda
Director, Exempt Organizations

CALIFORNIA • MICHIGAN • MINNESOTA • MISSISSIPPI • MISSOURI • WEST VIRGINIA • NEW YORK • NEVADA
NORTH DAKOTA • PENNSYLVANIA • SOUTH CAROLINA • SOUTH DAKOTA • MARYLAND • ARKANSAS
ALABAMA • COLORADO • ARIZONA • MAINE • TEXAS • UTAH • ALASKA
IOWA • LOUISIANA • WISCONSIN • TENNESSEE • IDAHO
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1817



2014

The Official Catholic Directory

Anno
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2014

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Teachers 26; Students 511.

(F) ELEMENTARY SCHOOLS, PRIVATE

PORTLAND. *St. Andrew Nativity School* (2000) (Grades 6-8), 4925 N.E. 9th Ave., 97211. Tel: 603-335-9600; Fax: 603-336-9494. Email: info@nativityportland.com. Web: www.nativityportland.com. Mike Chambers, Prin.; Carolyn Bess, Pres.; Carol Rausey, Librarian. Lay Teachers 8; Students 78.

Franciscan Montessori Earth School/St. Francis Academy, 14750 S.E. Clinton St., 97236. Tel: 503-760-8220; Fax: 503-760-8333. Email: info@fms.org. Web: www.fms.org. Sisters Kathleen Ann Cieslak, F.S.E., Admin.; Therest Guitling, F.S.E., Co-Admin. Staffed by Franciscan Sisters of the Eucharist. Franciscan Sisters of the Eucharist; Lay Teachers 28; Students 272.

BEAVERTON. *Valley Catholic Elementary School*, (Grades K-5), 4420 S.W. St. Mary's Dr., 97007. Tel: 503-718-6500; Fax: 603-718-6520. Email: juanng@valleycatholic.org. Web: www.valleycatholic.org. Joe Manning, Prin. & Contact Person; Bob Weber, Pres.; Shauntia Jasperon, Librarian. Sisters of St. Mary of Oregon Sisters 2; Lay Teachers 20; Students 340.

(G) SOCIAL AND MINISTERIAL SERVICES

PORTLAND. *Catholic Charities of the Archdiocese of Portland in Oregon*, 2740 S.E. Powell Blvd., 97202. Tel: 603-231-4566; Fax: 503-231-4327. Email: info@catholiccharitiesoregon.org. Web: www.catholiccharitiesoregon.org. Douglas Alles, Interim Exec. Dir.; Trel Anderson, Interim Exec. Dir.; Richard Darr, C.F.A., CFO. CSS Group Homes 80; Resettlement Services 604; Total persons annually served by CSS 166,134.

Catholic Charities Social Service Division of Portland, 2740 S.E. Powell Blvd., 97202. Tel: 603-231-4666; Fax: 503-231-4327. Douglas Alles, Social Svcs. Dir. Programs include: crisis pregnancy counseling, adoption services, mental health, case management, domestic violence intervention, parent/child development services, refugees resettlement, resident services, Hispanic health outreach, ministry to the elderly, Project Rachel, Immigration Legal Services, housing and social services for homeless women, anti-human trafficking, trafficking victims assistance, affordable housing for low income families and individuals, gang outreach and prevention, Hispanic school support, financial counseling and healthcare worker employee assistance.

Catholic Youth Organization/Comp Howard, 825 N.E. 20th, Ste. 120, 97202-2905. Tel: 603-291-9484; Fax: 603-231-9531. Web: www.cyouphoward.org. Sr. Krista Von Bostel, S.S.M.O., Exec. Dir. Programs include: Youth vocational training, 1025 O. St., Springfield, 97477. Tel: 541-846-3558; Fax: 541-744-2272. Web: www.cyou.org. Thomas Mulhern, Exec. Dir. Programs include: Emergency shelter, utilities, and food, single mothers shelter, drug dependent mothers shelter, family shelter, young parents program, family self-sufficiency program.

Catholic Community Services of Mid-Willamette Valley and the Central Coast, 3787 Portland Rd., N.E., Salem, 97301. Tel: 503-990-2600; Fax: 503-390-6648. Web: www.ccsnw.org. Jim Seymour, Exec. Dir. Programs include: Center for delinquent youth, developmentally & physically disabled group homes, shelter for displaced youth, counseling center, Hispanic mental health outreach, child abuse, parent/teen program.

Catholic Charities in Southern Oregon, 724 S. Central Ave., Ste. 210, Medford, 97501. Tel: 541-779-0803; Fax: 641-246-6368. Programs include: immigration legal services.

(H) CHILD DEVELOPMENT CENTERS

PORTLAND. *Portland Montessori School*, 4911 N.E. Couch, 97213. Tel: 603-213-2400; Fax: 603-216-0660. Preschool and elementary education for children ages 3 to 10 with a broad array of developmental needs and abilities. Students 224. *Providence Health & Services-Oregon dba Providence Child Center* 830 N.E. 47th Ave., 97213. Tel: 603-216-2400; Fax: 603-216-0660. Patricia Budo, Operations Admin. Total Staff 186; Patients Assisted Annually 3,987.

Providence Health & Services-Oregon dba Center for Medically Fragile Children. Tel: 603-216-2400; Fax: 603-216-2424. The Center for Medically Fragile Children at Providence Child Center is the only nursing facility in the Northwest providing skilled nursing care for children with complex medical needs in a residential setting. Fifty-eight beds are dedicated to children needing long-term chronic care, short-term assessment and/or respite care, and end-of-life care. Total Assisted 74.

Providence Health & Services-Oregon dba Providence Wee Care. Tel: 603-216-6532; Fax: 603-216-

0533. Child development program for children of Providence Health System employees and the community, ages 6 weeks to 6 years. Developmental and age-appropriate activities support child's growth and development. Students 104.

Providence Health & Services-Oregon dba Providence Neurodevelopmental Center for Children. Tel: 603-216-2233; Fax: 603-216-2478. Providence Neurodevelopmental Center for Children (PNCC) provides diagnostic and therapy services for children with complex developmental/medical needs as well as children with developmental delays. Total Assisted 1,992.

(I) RESIDENTIAL SCHOOLS FOR YOUTHS WITH EMOTIONAL/SOCIAL PROBLEMS

BEAVERTON. *St. Mary's Home for Boys, Inc.*, 16535 S.W. Tualatin Valley Hwy., 97006. Tel: 503-849-6651; Fax: 503-649-7405. Francis Maher, Exec. Dir. & Contact Person. Residential & day treatment center for behaviorally & emotionally disturbed children. Out patient mental health services. Staff 116; Students 162.

(J) GENERAL HOSPITALS

PORTLAND. *Providence Health & Services-Oregon dba Providence Portland Medical Center* (1941) 4806 N.E. Glisan St., 97213. Tel: 603-216-1111; Fax: 603-216-6658. Email: huace.wolkowski@providence.org. Web: www.providence.org. Revs. Jon Bullington (EST), Priest Chap.; Kevin T. Clarke, S.J., Priest Chap.; Bruce Cwikowski, Dir. Pastoral Care & Contact. Tel: 503-216-6933; Fax: 203-216-3619; Augustine Monyana, A.J., Priest Chap.; Dominic Ngyaku, S.J., Priest Chap.; Vernetta Ollison, Chap.; Herbert Wheatley, Priest Chap.; Sr. Mary Coakley, O.S.P., Chap.; Julie Dir-Munoz, Chap.; Mary Ann Henry, Catholic Lay Chap. On Call; Gordon MacDonald, Catholic Chap.; Sabine Harezo, Chap.; Jean McQuiggin, Catholic Chap.; Kaya Partenheimer, Music Therapist; Jon Sturm, Chap.; Sandra J. Walker, E.L.C.A., Clinical Pastoral Educ. Sppov.

Providence Health & Services-Oregon Prestia 6; Sisters 1; Bed Capacity 483; Total Staff 3,417; Patients Assisted Annually 509,926.

Providence Health & Services-Oregon dba Providence St. Vincent Medical Center 9205 S.W. Barnes Rd., 97225. Tel: 603-216-1234; Fax: 603-216-2458. Web: www.providence.org. Revs. Francis Njau, A.J., Catholic Chap.; Godfred Ogun, A.J., Spiritual Care Dir.; Constantine Shikuku, Chap.; Peter Siamoo, Catholic Chap. Sr. Patricia Valentine, S.N.J.M., Catholic Chap.; Barbara Blair, Child Life Specialist; Orestis Peter Costantou, Protestant Chap.; Charlene K. Epp, Protestant Chap.; Richard Gilbert, Protestant Chap.; Tracy Hufschmid, Chap.; Tamara Martinez, Child Life Specialist; Laura A. Moya, Music Therapist; Ms. Judith A. Mcowan, Catholic Chap. On Call; Ashton Roberts, Protestant Chap.; Ms. Shiela Schaeffer, Catholic Chap.; Dean Schrock, Chap. On Call; Beth Warrick, Child Life Specialist; Sr. Lynda Thompson, S.N.J.M., Mission Integration Dir.

Providence Health & Services-Oregon. Priests 4; Sisters 2; Total Staff 3,320; Bed Capacity 623; Patients Assisted Annually 416,670.

BUCINE/Springfield. *Sacred Heart Medical Center*, P.O. Box 10905, 97440. Tel: 641-322-7300; Fax: 641-222-2270. Web: www.peacehealth.org. 3333 RiverBend Dr., Springfield, 97477. John Hill, CEO, PeaceHealth OR; Jennifer Ensminger, Chief Admin. Officer; Robert V. Schori, Dir. Mission Svcs. & Spiritual Care & Chap.; Revs. J. Noel Heikie (BAK), Priest Chap.; Kenneth Olsen, Priest Chap.; David Waggoner, Chap.; Kate Dawes, Chap.; Marcella Fox, Chap.; Matt Granahan, Chap.; Edward Harrod, Chap.; Patricia Hughes, Chap.; Scott Johnson, Chap.; Ann-Marie Lenzke, Chap.; Matthew Miller, Chap.; Linda Mueller, Chap.; Gordon Ruddick, Chap.; Margie Sherman, Chap.; Micki Shirey, Chap. Sisters of St. Joseph of Peace., Div. of PeaceHealth. Sisters 7; Bed Capacity 451; Total Staff 3,641; Patients Assisted Annually 168,897.

FLORENCE. *Peace Harbor Hospital*, 400 Ninth St., 97439. Tel: 641-997-8412; Fax: 541-997-2913. Email: spuckett_bradford@peacehealth.org. Web: www.peacehealth.org. Rick Ycny, Regl. CEO; Sr. Noreen Terrault, C.S.J.P., Pastoral Care; Sharron Puckett Bradford, Contact Person. Critical access hospital owned and operated by Peace Health, Bellevue, WA. Bed Capacity 21; Total Staff 630; Patients Assisted Annually 36,142.

MEDFORD. *Providence Health & Services-Oregon dba Providence Medford Medical Center* 1111 Crater Lake Ave., 97504-0225. Tel: 541-732-6000; Fax: 541-732-6372. Rev. James Clifford, O.S.A., Dir. Mission & Spiritual Care; Sr. Patricia Marie Landin, S.S.M.O., Chap.; Josue Delgado, Chap;

John Dungey, Chap.; Rev. Fred Grewe, Hospice Chap.; Paul Hagedorn, Chap.; Paul Murphy, On Call Chap.

Providence Health & Services-Oregon Priests 6; Sisters 1; Bed Capacity 168; Total Staff 1,056; Patients Assisted Annually 110,218.

Providence Community Health Foundation, Medford, 040 Royal Ave., Ste. 410, 97504. Tel: 541-732-6766; Fax: 541-772-2861. Email: jodi.barnard@providence.org. Web: www.providence.org/medford/foundation.

MILWAUKIE. *Providence Health & Services-Oregon dba Providence Milwaukie Hospital* (1568) 10150 S.E. 32nd Ave., 97222. Tel: 603-513-8300; Fax: 603-513-3191. Email: Denise.Anderson@providence.org. Web: www.providence.org/milwaukie. Rev. Bruce Cwikowski, Dir. Spiritual Life; Denise Anderson, Dir. Pastoral Care & Mission Integration; Chuck Allig, Chap.; Jonathan Andres, On Call Chap.; Judith Kleinstein, Chap.; Linda Smith, Chap.; Melissa Smith, Chap.

Providence Health & Services-Oregon. Bed Capacity 77; Total Staff 500; Patients Assisted Annually 117,462.

NEWBERG. *Providence Health & Services-Oregon dba Providence Nisberg Medical Center* 1001 Providence Dr., 97132-1857. Tel: 603-537-1655; Fax: 603-637-6611. Alan Olive, Chief Exec; Diane Endicott, Chap.; Carolyn Fairweather, On Call Chap.; William Larson, Chap.; Harry Litzenberg, Chap.; John Malloff, Chap.; Lee Shuster, Chap.; Thomas Struck, Chap.; Ken Vandenhoek, Chap.; Rev. Timothy Bushy, Dir. Mission & Spiritual Life. Priests 1; Bed Capacity 40; Total Staff 637; Patients Assisted Annually 100,723.

OREGON CITY. *Providence Health & Services-Oregon dba Providence Willamette Falls Medical Center* 1500 Division St., 97146. Tel: 603-656-1631; Fax: 603-650-6607. Web: www.providence.org. Elizabeth Sublette, CFO; Denise Anderson, Interim Mission & Spiritual Care Dir.; Mary Follen, Chap.; David Jones, On-Call Chap.; Julia Smith, Music Therapist; Jon Sturm, On-Call Chap.; Sista Van Buehirk, On-Call Chap.; Rev. Bruce Cwikowski, Dir. Spiritual Life. Bed Capacity 143; Total Staff 660; Patients Assisted Annually 52,962.

Providence Willamette Falls Medical Foundation, 1500 Division St., 97146. Tel: 603-656-1631; Fax: 603-650-6807.

ROSEBURG. *Mary Medical Center, Inc.*, 2700 Stewart Pkwy., 97471. Tel: 541-673-0611; Fax: 541-677-2391. Web: www.marycenter.org. Kelly C. Morgan, Pres. & CEO; John G. Krasberger, Vice Pres. Fin., CFO. Tel: 541-677-2658; David Price, Ph.D., Vice Pres., Dir. Mission Integration; Rev. Clatus Quill, Catholic Chap. Bed Capacity 134; Total Staff 1,033; Patients Assisted Annually 263,935.

Mary Foundation, Inc., 2700 Stewart Pkwy., 97471. Tel: 541-677-4813; Fax: 541-677-4891.

Lias Oaks, Inc., 2700 Stewart Pkwy., 97471. Tel: 541-677-4800; Fax: 541-677-2106.

SEASIDE. *Providence Health & Services-Oregon dba Providence Seaside Hospital* 725 S. Wahanna Rd., 97139-7736. Tel: 603-717-7000; Fax: 603-717-7605. Email: marytrudell@providence.org. Web: www.providence.org/northwest. Mary Trudell, Mission & Spiritual Care Dir. *Sisters of Providence in Oregon*. Bed Capacity 25; Total Staff 375; Patients Assisted Annually 76,930.

(K) RETIREMENT AND ASSISTED LIVING

PORTLAND. *St. Anthony Village facility of St. Anthony Village Enterprises*, 3560 S.E. 79th Ave., 97206. Tel: 603-776-4414; Fax: 503-771-9169. Email: kmarrhall@villageenterprises.org. Web: www.villageenterprises.org. Rev. Michael Maslovsky, Pres.; Karen Marshall, Admin. & Contact Person; Kristi Johnson, Leasing Coord.; Tracy Kostick, Leasing Coord. Assisted living facility centered around Catholic Parish. Independent, assisted living and memory care unit. Total Assisted Annually 178; Bed Capacity 126; Staff 72.

Assumption Village facility of St. Anthony Village Enterprises (2002) 9121 N. Bury Ave., 97203. Tel: 503-283-5644; Fax: 603-283-5692. Web: www.villageenterprises.org. Rev. Michael Maslovsky, Pres.; Jon Klein, Admin. Retirement Village, Senior independent and assisted living, chapel with daily Mass multiple activities, gardens, intergenerational interaction with neighborhood and local social service agencies. Total Staff 35; Bed Capacity 77; Total Assisted Annually 63.

Providence Health & Services-Oregon dba Providence Elder Place 4531 S.E. Belmont, Ste. 100, 97216. Tel: 503-216-6556; Fax: 503-216-0089. Ellen Gazels, Exec. Dir.; Ms. Theresa VitiyaChil

Non Profit Documentation:

Looking Glass Youth and Family Services

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, PHIL KEISLING, Secretary of State of Oregon, and Custodian of the Seal of
said State, do hereby certify:

LOOKING GLASS YOUTH AND FAMILY SERVICES, INC.

was
incorporated
under the Oregon
Nonprofit Corporation Act
on
February 24, 1971

and is active on the records of the Corporation Division as
of the date of this certificate.

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

PHIL KEISLING, Secretary of State



By Marilyn R. Smith
Marilyn R. Smith
February 23, 1998

Internal Revenue Service

Date: December 4, 2003

Looking Glass Youth and Family Services, Inc
72 B Centennial Loop
Eugene, OR 97401-2440

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Shirley Rudolph 31-03949
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
93-0605174

Dear Sir or Madam:

This is in response to your request of December 4, 2003, regarding your organization's tax-exempt status.

In March 1976 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

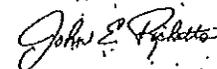
Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999-17.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services

Non-Profit Documentation

ShelterCare

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, PHIL KEISLING, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

LANE SHELTERCARE INC.

was
incorporated
under the Oregon
Nonprofit Corporation Act
on
December 2, 1970

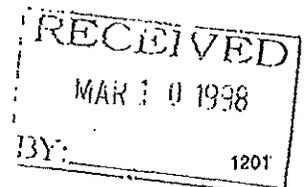
and is active on the records of the Corporation Division as
of the date of this certificate.

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

PHIL KEISLING, Secretary of State



By Debbie Virag
Debbie Virag
March 6, 1998



Attachment 1. d.

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: August 20, 2001

Person to Contact:
Stephanie Broach-Camp 31-04022
Customer Service Representative

Toll Free Telephone Number:

8:00 a.m. to 9:30 p.m. EST
877-829-5500

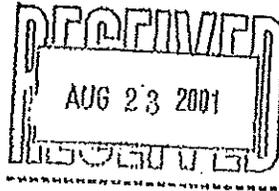
Fax Number:

513-263-3756

Federal Identification Number:

23-7115003

Sheltercare
P.O. Box 23338
Eugene, OR 97402



Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in February 1997 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

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Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Sheltercare
23-7115003

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

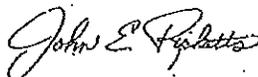
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services

Lane County, Oregon



Full Cost Plan Summary Report 2016-17 Fiscal Year 2014-15 Actuals

Full Cost Plan Summary Report

Table of Contents

Schedule C - Summary of Allocated Costs	pages 1 – 4
Schedule A - Allocated Costs by Department	pages 5 – 20
Schedule E - Summary of Allocation Basis	pages 21 -23

LANE COUNTY
Summary Of Allocated Costs

* Group Department	Total Expenditures	Cost Adjustments	Total Allocated
BUILDING DEPRECIATION	0	3,406,508	
51 COUNTY ADMIN	1,022,155	0	
51 BUDGET	354,170	0	
51 INTERNAL AUD	65,006	0	
11 CTY COUNSEL	1,269,622	0	
51 CAP PGM MGMT	169,333	0	
51 FINANCE	1,651,401	0	
51 HUMAN RESOURCES	1,912,226	(20,401)	
51 OPERATIONS ADMINISTRATION	243,055	0	
51 MAIL ROOM	81,063	0	
36 REAL PROPERTY	308,911	0	
36 124 TAX FORE	82,793	0	
36 FACILITY MTNC	2,744,527	(19,610)	
51 ARCHIVES	30,392	0	
57 GENERAL EXP	1,891,163	(1,812,933)	
51 RISK MGMT CAO	139,667	0	
11 124 DIST ATTORNEY			324,793
11 231 DA LQ ENF			144
11 261 DA SPC REV			14,963
15 PUBLIC SAFETY*			1,127,892
15 290 SO LEVY			115,004
15 263 SO SPC REV			139,086
15 539 COMMISSARY			2,489
15 620 PS FLEET			3,842
15 620 REPLACEMT			2,176
31 124 ASSESS & TAX			308,675
34 285 JTSOC SCV			403,904
34 286 HHS			2,174,275
34 287 Trillium			73,650
34 288 COMMUNITY HEALTH CTR			1,463,166
34 289 YOUTH SRVCS			1,285,875
34 290 SECURE			45,160
36 124 LCARA			11,439
36 521 LEC			78,419
36 522 LEC TRT			915,739
36 225 PW ADMIN			82,248

All Monetary Values Are \$ Dollars
 MAXCars © 2016 MAXIMUS, INC.
 Report Output Prepared By LANE COUNTY



LANE COUNTY
Summary Of Allocated Costs

* Group Department	Total Expenditures	Cost Adjustments	Total Allocated
36 216 PARK IMP			95,293
36 217 CV BRIDGE			66
36 225 SURVEYORS			37,464
36 225 RD GEN EXP			13,200
36 225 PW SAFETY			4,123
36 225 LANDSCAPE			19,031
36 225 WEIGHMSTR			7,338
36 225 ENG DESGN			24,216
36 225 RD BRIDGE			284,425
36 225 FIELD ENG			45,220
36 225 RT OF WAY			16,745
36 225 ENG ADMIN			7,246
36 225 TRANS PLN			9,361
36 225 SIGN SHOP			30,170
36 225 ELECTRICAL			9,896
36 225 TRAFFIC ENG			6,327
36 225 HWY CONST			9,458
36 226 OTIA BRID			110
36 266 MNFCTD STRUCT			1,284
36 240 CRNER PRS			12,676
36 266 PARKS SDC			822
36 530 SW ADMIN			23,960
36 530 SW FEE			82,011
36 530 SW RECYCLE			50,406
36 530 SP WASTE			15,390
36 530 ABATEMENT			3,960
36 530 SW OPS			51,621
36 530 SW ENVIRON			11,645
36 530 TRNSFR ST			94,984
36 530 SITE CLEANUP			156
36 530 WASTE DVRS			17
36 530 VACTOR FACILITY			158
36 570 LMD PLNG			36,367
36 570 LMD BLDG			30,491
36 570 LMD ELECT			5,816
36 570 LMD ADMIN			85,101
36 570 LMD TECH			2,762

All Monetary Values Are \$ Dollars
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 Report Output Prepared By LANE COUNTY



LANE COUNTY
Summary Of Allocated Costs

* Group Department	Total Expenditures	Cost Adjustments	Total Allocated
36 570 LMD SUBSF			10,844
36 570 LMD COMP			3,626
36 619 FLEET SRV			151,851
36 RL PROP FEE			75,967
36 266 TAX FORE			84,962
37 249 LWP ADMIN			19,117
51 COUNTY COMM			105,479
51 267 ECON DEVELOP			35,887
51 267 PSCC			6
51 222 LAW LBRY			30,335
51 RECORDS			77,253
51 244 CTY CLERK			4,705
51 124 ELECTIONS			189,115
51 ELECTIONS EQUIP			474
51 124 BOPTA			4,006
51 124 JUSTICE CT			9,623
51 267 SUPERVISON			330,819
51 225 FACILITIES MAINT			15,480
51 627 FIN OPER*			233,091
51 435 CAP IMP			212,297
51 627 COPIER			695
51 627 MAILROOM			7,823
51 435 WORK CAMP			2,961
57 241 CO SCHOOL			2,377
57 250 TITLE III			2,905
57 250 TITLE III SRS			5,580
57 250 TITLE III SRS 2012			8,172
57 250 TITLE III SRS 2013			16,682
57 269 TOURISM			8,012
57 269 COMM ECON			2,838
57 269 SCFS			2,055
57 269 AFORD HSG			7
57 323 FAIRBOARD		(79)
57 333 BOND RET			1,306
57 341 NOTE RET			30
57 366 CORR BOND RET			1,515
57 454 JJC			729

All Monetary Values Are \$ Dollars
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 Report Output Prepared By LANE COUNTY



LANE COUNTY
Summary Of Allocated Costs

* Group Department	Total Expenditures	Cost Adjustments	Total Allocated	
57 612 SELF INS			12,608	
57 614 EE BNFT			137,592	
57 615 PERS BOND			3,383	
57 714 RETIREE			41,160	
58 653 PC RPLACE			5,028	
654 INFORMATION SVCS*			471,855	
AGENCY FUNDS			5,681	
HOUSING AUTHORITY			(365)	
STATE COURTS			688,991	
OTHER			985	
Direct Billed Total			3,934	
Unallocated Total			787,396	
Totals	<u>11,965,484</u>	<u>1,553,564</u>	<u>13,519,048</u>	Deviation 0

LANE COUNTY
Allocated Costs By Department

* Group

Central Service Departments	11 124 DIST ATTORNEY	11 231 DA LQ ENF	11 261 DA SPC REV	15 PUBLIC SAFETY*	15 290 SO LEVY	15 263 SO SPC REV	15 539 COMMISSARY
BUILDING DEPRECIATION	17,798	0	0	32,259	0	0	0
51 COUNTY ADMIN	29,185	0	1,924	107,885	15,612	15,595	225
51 BUDGET	4,734	37	268	22,301	10,946	4,604	358
51 INTERNAL AUD	2,170	0	122	9,034	1,053	875	24
11 CTY COUNSEL	29,933	0	1,498	220,627	11,380	13,497	60
51 CAP PGM MGMT	0	0	0	0	0	0	0
51 FINANCE	45,009	107	3,401	168,993	16,949	34,931	1,488
51 HUMAN RESOURCES	89,008	0	7,064	271,587	53,687	63,676	282
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	12,784	0	0	20,847	0	17	0
36 REAL PROPERTY	11,958	0	0	41,832	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
36 FACILITY MTNC	64,742	0	0	200,235	0	0	0
51 ARCHIVES	8,010	0	0	295	0	0	0
57 GENERAL EXP	2,812	0	158	11,707	1,366	1,134	31
51 RISK MGMT CAO	6,650	0	528	20,290	4,011	4,757	21
Total Allocated	324,793	144	14,963	1,127,892	115,004	139,086	2,489
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	324,793	144	14,963	1,127,892	115,004	139,086	2,489
Adjustments	0	0	0	0	0	0	0
Proposed Costs	324,793	144	14,963	1,127,892	115,004	139,086	2,489



LANE COUNTY
Allocated Costs By Department

* Group

Central Service Departments	15 620 PS FLEET	15 620 REPLACENT	31 124 ASSESS & TAX	34 285 JTSOC SCV	34 286 HHS	34 287 Trillium	34 288 COMMUNITY HEALTH CTR
BUILDING DEPRECIATION	0	0	11,778	159,948	856,715	0	452,328
51 COUNTY ADMIN	1,682	314	21,109	21,832	92,466	8,531	61,512
51 BUDGET	1,374	1,346	3,384	18,243	29,789	7,784	10,778
51 INTERNAL AUD	215	40	1,433	1,882	6,523	517	3,942
11 CTY COUNSEL	0	0	25,966	11,006	115,739	6,918	47,879
51 CAP PGM MGMT	0	0	0	0	0	0	0
51 FINANCE	292	424	39,972	69,854	200,797	14,154	129,670
51 HUMAN RESOURCES	0	0	72,054	51,921	301,892	32,636	223,409
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	11,302	4,875	12,237	0	9,361
36 REAL PROPERTY	0	0	19,282	0	17,313	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
36 FACILITY MTNC	0	0	92,296	56,883	498,872	0	502,486
51 ARCHIVES	0	0	2,857	1,141	10,925	0	0
57 GENERAL EXP	279	52	1,858	2,439	8,454	671	5,110
51 RISK MGMT CAO	0	0	5,384	3,880	22,553	2,439	16,691
Total Allocated	3,842	2,176	308,675	403,904	2,174,275	73,650	1,463,166
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	3,842	2,176	308,675	403,904	2,174,275	73,650	1,463,166
Adjustments	0	0	0	0	0	0	0
Proposed Costs	3,842	2,176	308,675	403,904	2,174,275	73,650	1,463,166



LANE COUNTY
Allocated Costs By Department

* Group

Central Service Departments	34 289 YOUTH SRVCS	34 290 SECURE	36 124 LCARA	36 521 LEC	36 522 LEC TRT	36 225 PW ADMIN	36 216 PARK IMP
BUILDING DEPRECIATION	644,364	0	0	0	915,739	0	0
51 COUNTY ADMIN	25,553	4,721	1,541	9,439	0	8,229	9,440
51 BUDGET	8,658	964	311	2,014	0	1,543	2,337
51 INTERNAL AUD	1,906	314	136	848	0	573	778
11 CTY COUNSEL	17,690	3,504	1,063	5,115	0	28,913	8,266
51 CAP PGM MGMT	0	0	0	0	0	0	0
51 FINANCE	92,314	17,485	4,388	37,508	0	11,967	47,195
51 HUMAN RESOURCES	77,564	16,530	3,518	20,486	0	27,267	24,442
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
36 FACILITY MTNC	409,560	0	0	0	0	0	0
51 ARCHIVES	0	0	43	380	0	976	0
57 GENERAL EXP	2,471	407	176	1,099	0	743	1,009
51 RISK MGMT CAO	5,795	1,235	263	1,530	0	2,037	1,826
Total Allocated	1,285,875	45,160	11,439	78,419	915,739	82,248	95,293
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	1,285,875	45,160	11,439	78,419	915,739	82,248	95,293
Adjustments	0	0	0	0	0	0	0
Proposed Costs	1,285,875	45,160	11,439	78,419	915,739	82,248	95,293



LANE COUNTY
Allocated Costs By Department

* Group

Central Service Departments	36 217 CV BRIDGE	36 225 SURVEYORS	36 225 RD GEN EXP	36 225 PW SAFETY	36 225 LANDSCAPE	36 225 WEIGHMSTR	36 225 ENG DESGN
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	9	5,382	303	501	3,248	1,101	3,663
51 BUDGET	19	927	11,648	95	850	183	642
51 INTERNAL AUD	1	416	39	39	304	92	270
11 CTY COUNSEL	0	3,294	0	299	1,344	599	2,395
51 CAP PGM MGMT	0	0	0	0	0	0	0
51 FINANCE	35	10,190	1,160	1,619	6,073	2,207	4,750
51 HUMAN RESOURCES	0	15,542	0	1,413	6,343	2,826	11,302
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
36 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	14	0	0	0	0	0
57 GENERAL EXP	2	538	50	51	395	119	350
51 RISK MGMT CAO	0	1,161	0	106	474	211	844
Total Allocated	66	37,464	13,200	4,123	19,031	7,338	24,216
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	66	37,464	13,200	4,123	19,031	7,338	24,216
Adjustments	0	0	0	0	0	0	0
Proposed Costs	66	37,464	13,200	4,123	19,031	7,338	24,216



LANE COUNTY
Allocated Costs By Department

* Group	36 225 RD BRIDGE	36 225 FIELD ENG	36 225 RT OF WAY	36 225 ENG ADMIN	36 225 TRANS PLN	36 225 SIGN SHOP	36 225 ELECTRICAL
Central Service Departments							
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	46,446	6,480	2,406	1,130	1,423	5,137	736
51 BUDGET	9,841	1,212	497	291	369	1,050	151
51 INTERNAL AUD	3,933	481	183	95	107	447	70
11 CTY COUNSEL	24,257	4,192	1,498	599	898	2,546	299
51 CAP PGM MGMT	0	0	0	0	0	0	0
51 FINANCE	71,862	10,973	4,331	1,971	1,869	7,505	7,031
51 HUMAN RESOURCES	114,439	19,780	7,064	2,826	4,238	12,009	1,413
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
36 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	0	0
57 GENERAL EXP	5,097	624	238	123	140	579	90
51 RISK MGMT CAO	8,550	1,478	528	211	317	897	106
Total Allocated	284,425	45,220	16,745	7,246	9,361	30,170	9,896
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	284,425	45,220	16,745	7,246	9,361	30,170	9,896
Adjustments	0	0	0	0	0	0	0
Proposed Costs	284,425	45,220	16,745	7,246	9,361	30,170	9,896



LANE COUNTY
Allocated Costs By Department

* Group

Central Service Departments	36 225 TRAFFIC ENG	36 225 HWY CONST	36 226 OTIA BRID	36 266 MNFCTD STRUCT	36 240 CRNER PRS	36 266 PARKS SDC	36 530 SW ADMIN
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	960	4,698	2	128	1,598	120	1,567
51 BUDGET	179	2,833	108	97	730	47	2,515
51 INTERNAL AUD	74	601	0	17	155	16	126
11 CTY COUNSEL	599	0	0	0	599	0	9,534
51 CAP PGM MGMT	0	0	0	0	0	0	0
51 FINANCE	1,383	546	0	1,021	6,356	619	5,450
51 HUMAN RESOURCES	2,826	0	0	0	2,826	0	4,238
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
36 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	0	50
57 GENERAL EXP	95	780	0	21	201	20	163
51 RISK MGMT CAO	211	0	0	0	211	0	317
Total Allocated	6,327	9,458	110	1,284	12,676	822	23,960
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	6,327	9,458	110	1,284	12,676	822	23,960
Adjustments	0	0	0	0	0	0	0
Proposed Costs	6,327	9,458	110	1,284	12,676	822	23,960



LANE COUNTY
Allocated Costs By Department

* Group

Central Service Departments	36 530 SW FEE	36 530 SW RECYCLE	36 530 SP WASTE	36 530 ABATEMENT	36 530 SW OPS	36 530 SW ENVIRON	36 530 TRNSFR ST
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	9,261	6,076	2,228	490	9,783	1,395	14,154
51 BUDGET	1,202	1,198	407	77	10,221	376	2,784
51 INTERNAL AUD	568	408	185	38	1,053	54	1,166
11 CTY COUNSEL	7,445	4,456	1,198	299	2,395	1,498	7,786
51 CAP PGM MGMT	0	0	0	0	0	0	0
51 FINANCE	25,052	15,146	5,057	1,488	14,657	660	28,105
51 HUMAN RESOURCES	35,123	21,023	5,651	1,413	11,302	7,064	36,733
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
36 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	0	0
57 GENERAL EXP	736	528	241	49	1,366	70	1,511
51 RISK MGMT CAO	2,624	1,571	423	106	844	528	2,745
Total Allocated	82,011	50,406	15,390	3,960	51,621	11,645	94,984
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	82,011	50,406	15,390	3,960	51,621	11,645	94,984
Adjustments	0	0	0	0	0	0	0
Proposed Costs	82,011	50,406	15,390	3,960	51,621	11,645	94,984



LANE COUNTY
Allocated Costs By Department

* Group

Central Service Departments	36 530 SITE CLEANUP	36 530 WASTE DVRS	36 530 VACTOR FACILITY	36 570 LMD PLNG	36 570 LMD BLDG	36 570 LMD ELECT	36 570 LMD ADMIN
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	19	4	24	4,391	3,106	632	2,790
51 BUDGET	52	11	9	1,032	511	115	1,341
51 INTERNAL AUD	3	1	3	338	249	56	233
11 CTY COUNSEL	0	0	0	2,695	1,797	299	61,664
51 CAP PGM MGMT	0	0	0	0	0	0	0
51 FINANCE	79	0	118	13,807	15,396	3,123	10,468
51 HUMAN RESOURCES	0	0	0	12,715	8,477	1,413	7,064
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
36 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	0	711
57 GENERAL EXP	3	1	4	439	322	72	302
51 RISK MGMT CAO	0	0	0	950	633	106	528
Total Allocated	156	17	158	36,367	30,491	5,816	85,101
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	156	17	158	36,367	30,491	5,816	85,101
Adjustments	0	0	0	0	0	0	0
Proposed Costs	156	17	158	36,367	30,491	5,816	85,101



LANE COUNTY
Allocated Costs By Department

* Group	36 570 LMD TECH	36 570 LMD SUBSF	36 570 LMD COMP	36 619 FLEET SRV	36 RL PROP FEE	36 266 TAX FORE	37 249 LWP ADMIN
Central Service Departments							
BUILDING DEPRECIATION	0	0	0	0	19,536	0	0
51 COUNTY ADMIN	111	1,072	450	18,678	0	440	2,679
51 BUDGET	270	159	73	16,716	0	612	412
51 INTERNAL AUD	15	87	33	1,894	0	57	169
11 CTY COUNSEL	0	599	299	5,989	0	(957)	2,400
51 CAP PGM MGMT	0	0	0	0	0	0	0
51 FINANCE	2,348	5,777	1,210	75,751	0	1,944	2,612
51 HUMAN RESOURCES	0	2,826	1,413	28,257	0	0	9,889
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	31,538	0	0
36 124 TAX FORE	0	0	0	0	0	82,793	0
36 FACILITY MTNC	0	0	0	0	24,893	0	0
51 ARCHIVES	0	0	0	0	0	0	0
57 GENERAL EXP	18	113	42	2,455	0	73	218
51 RISK MGMT CAO	0	211	106	2,111	0	0	738
Total Allocated	2,762	10,844	3,626	151,851	75,967	84,962	19,117
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	2,762	10,844	3,626	151,851	75,967	84,962	19,117
Adjustments	0	0	0	0	0	0	0
Proposed Costs	2,762	10,844	3,626	151,851	75,967	84,962	19,117



LANE COUNTY
Allocated Costs By Department

* Group	51 COUNTY COMM	51 267 ECON DEVELOP	51 267 PSCC	51 222 LAW LBRY	51 RECORDS	51 244 CTY CLERK	51 124 ELECTIONS
Central Service Departments							
BUILDING DEPRECIATION	6,261	647	0	2,753	3,277	0	41,922
51 COUNTY ADMIN	2,670	13,453	0	511	1,852	82	4,573
51 BUDGET	469	240	6	155	276	214	937
51 INTERNAL AUD	217	106	0	45	134	11	411
11 CTY COUNSEL	30,547	599	0	1,447	1,243	0	2,096
51 CAP PGM MGMT	0	0	0	0	0	0	0
51 FINANCE	3,984	2,931	0	2,046	20,731	4,385	18,127
51 HUMAN RESOURCES	7,064	2,826	0	1,131	5,863	0	9,889
51 OPERATIONS	0	8,608	0	0	12,151	0	27,742
51 MAIL ROOM	36	0	0	80	1,221	0	0
36 REAL PROPERTY	9,232	1,059	0	3,806	5,166	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
36 FACILITY MTNC	44,189	5,069	0	18,217	24,728	0	82,147
51 ARCHIVES	0	0	0	0	0	0	0
57 GENERAL EXP	282	138	0	59	173	13	533
51 RISK MGMT CAO	528	211	0	85	438	0	738
Total Allocated	105,479	35,887	6	30,335	77,253	4,705	189,115
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	105,479	35,887	6	30,335	77,253	4,705	189,115
Adjustments	0	0	0	0	0	0	0
Proposed Costs	105,479	35,887	6	30,335	77,253	4,705	189,115



LANE COUNTY
Allocated Costs By Department

* Group

Central Service Departments	51 ELECTIONS EQUIP	51 124 BOPTA	51 124 JUSTICE CT	51 267 SUPERVISON	51 225 FACILITIES MAINT	51 627 FIN OPER*	51 435 CAP IMP
BUILDING DEPRECIATION	0	221	0	1,003	8,235	0	5,348
51 COUNTY ADMIN	111	73	1,233	23,234	493	645	7,411
51 BUDGET	279	15	209	5,011	87	195	6,179
51 INTERNAL AUD	15	7	102	1,717	39	82	949
11 CTY COUNSEL	0	30	1,530	15,153	299	0	0
51 CAP PGM MGMT	0	0	0	0	0	0	188,919
51 FINANCE	50	1,188	3,001	33,210	1,829	232,062	2,261
51 HUMAN RESOURCES	0	142	3,179	71,489	1,413	0	0
51 OPERATIONS	0	0	0	162,033	0	0	0
51 MAIL ROOM	0	217	0	2,379	0	0	0
36 REAL PROPERTY	0	362	0	1,387	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
36 FACILITY MTNC	0	1,732	0	6,638	2,929	0	0
51 ARCHIVES	0	0	0	0	0	0	0
57 GENERAL EXP	19	9	132	2,224	50	107	1,230
51 RISK MGMT CAO	0	10	237	5,341	106	0	0
Total Allocated	474	4,006	9,623	330,819	15,480	233,091	212,297
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	474	4,006	9,623	330,819	15,480	233,091	212,297
Adjustments	0	0	0	0	0	0	0
Proposed Costs	474	4,006	9,623	330,819	15,480	233,091	212,297



LANE COUNTY
Allocated Costs By Department

* Group

Central Service Departments	51 627 COPIER	51 627 MAILROOM	51 435 WORK CAMP	57 241 CO SCHOOL	57 250 TITLE III	57 250 TITLE III SRS	57 250 TITLE III SRS 2012
BUILDING DEPRECIATION	0	778	0	0	0	0	0
51 COUNTY ADMIN	124	329	282	582	4	84	102
51 BUDGET	130	194	82	1,623	2,899	5,471	8,040
51 INTERNAL AUD	16	42	36	75	1	11	13
11 CTY COUNSEL	0	0	0	0	0	0	0
51 CAP PGM MGMT	0	0	0	0	0	0	0
51 FINANCE	405	205	2,514	0	0	0	0
51 HUMAN RESOURCES	0	0	0	0	0	0	0
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
36 REAL PROPERTY	0	1,075	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
36 FACILITY MTNC	0	5,146	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	0	0
57 GENERAL EXP	20	54	47	97	1	14	17
51 RISK MGMT CAO	0	0	0	0	0	0	0
Total Allocated	695	7,823	2,961	2,377	2,905	5,580	8,172
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	695	7,823	2,961	2,377	2,905	5,580	8,172
Adjustments	0	0	0	0	0	0	0
Proposed Costs	695	7,823	2,961	2,377	2,905	5,580	8,172



LANE COUNTY
Allocated Costs By Department

* Group

Central Service Departments	57 250 TITLE III SRS 2013	57 269 TOURISM	57 269 COMM ECON	57 269 SCFS	57 269 AFORD HSG	57 323 FAIRBOARD	57 333 BOND RET
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	0	4,154	430	387	0	0	0
51 BUDGET	16,682	2,054	2,074	377	7	55	1,306
51 INTERNAL AUD	0	532	55	50	0	0	0
11 CTY COUNSEL	0	0	0	0	0	(134)	0
51 CAP PGM MGMT	0	0	0	0	0	0	0
51 FINANCE	0	583	208	1,177	0	0	0
51 HUMAN RESOURCES	0	0	0	0	0	0	0
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
36 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	0	0
57 GENERAL EXP	0	689	71	64	0	0	0
51 RISK MGMT CAO	0	0	0	0	0	0	0
Total Allocated	16,682	8,012	2,838	2,055	7	(79)	1,306
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	16,682	8,012	2,838	2,055	7	(79)	1,306
Adjustments	0	0	0	0	0	0	0
Proposed Costs	16,682	8,012	2,838	2,055	7	(79)	1,306



LANE COUNTY
Allocated Costs By Department

* Group

Central Service Departments	57 341 NOTE RET	57 366 CORR BOND RET	57 454 JJC	57 612 SELF INS	57 614 EE BNFT	57 615 PERS BOND	57 714 RETIREE
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	0	0	151	4,784	84,918	5	6,540
51 BUDGET	30	1,515	247	3,747	26,795	3,376	7,395
51 INTERNAL AUD	0	0	19	613	10,871	1	837
11 CTY COUNSEL	0	0	0	0	0	0	0
51 CAP PGM MGMT	0	0	0	0	0	0	0
51 FINANCE	0	0	287	2,670	918	0	25,302
51 HUMAN RESOURCES	0	0	0	0	0	0	0
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
36 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	0	0
57 GENERAL EXP	0	0	25	794	14,090	1	1,086
51 RISK MGMT CAO	0	0	0	0	0	0	0
Total Allocated	30	1,515	729	12,608	137,592	3,383	41,160
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	30	1,515	729	12,608	137,592	3,383	41,160
Adjustments	0	0	0	0	0	0	0
Proposed Costs	30	1,515	729	12,608	137,592	3,383	41,160



LANE COUNTY
Allocated Costs By Department

* Group	58 653 PC RPLACE	654 INFORMATION SVCS*	AGENCY FUNDS	HOUSING AUTHORITY	STATE COURTS	OTHER	SubTotal
Central Service Departments							
BUILDING DEPRECIATION	0	38,570	0	0	86,686	0	3,306,166
51 COUNTY ADMIN	1,028	36,530	0	0	0	0	798,391
51 BUDGET	1,244	8,059	0	0	0	985	312,294
51 INTERNAL AUD	132	2,967	0	0	0	0	66,567
11 CTY COUNSEL	0	23,184	0	(365)	0	0	777,497
51 CAP PGM MGMT	0	0	0	0	0	0	188,919
51 FINANCE	2,453	42,374	5,681	0	0	0	1,717,229
51 HUMAN RESOURCES	0	97,131	0	0	0	0	1,936,598
51 OPERATIONS	0	0	0	0	0	0	210,534
51 MAIL ROOM	0	134	0	0	0	0	75,490
36 REAL PROPERTY	0	34,851	0	0	102,199	0	281,060
36 124 TAX FORE	0	0	0	0	0	0	82,793
36 FACILITY MTNC	0	176,952	0	0	500,106	0	2,717,820
51 ARCHIVES	0	0	0	0	0	0	25,402
57 GENERAL EXP	171	3,846	0	0	0	0	86,271
51 RISK MGMT CAO	0	7,257	0	0	0	0	144,687
Total Allocated	5,028	471,855	5,681	(365)	688,991	985	12,727,718
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	5,028	471,855	5,681	(365)	688,991	985	12,727,718
Adjustments	0	0	0	0	0	0	0
Proposed Costs	5,028	471,855	5,681	(365)	688,991	985	12,727,718



LANE COUNTY
Allocated Costs By Department

* Group

Central Service Departments	Direct Billed	Unallocated	Total
BUILDING DEPRECIATION	0	60,207	3,366,373
51 COUNTY ADMIN	0	391,596	1,189,987
51 BUDGET	0	42,316	354,610
51 INTERNAL AUD	0	0	66,567
11 CTY COUNSEL	3,934	293,277	1,074,708
51 CAP PGM MGMT	0	0	188,919
51 FINANCE	0	0	1,717,229
51 HUMAN RESOURCES	0	0	1,936,598
51 OPERATIONS	0	0	210,534
51 MAIL ROOM	0	0	75,490
36 REAL PROPERTY	0	0	281,060
36 124 TAX FORE	0	0	82,793
36 FACILITY MTNC	0	0	2,717,820
51 ARCHIVES	0	0	25,402
57 GENERAL EXP	0	0	86,271
51 RISK MGMT CAO	0	0	144,687
Total Allocated	3,934	787,396	13,519,048
Roll Forward	0	0	0
Cost With Roll Forward	3,934	787,396	13,519,048
Adjustments	0	0	0
Proposed Costs	3,934	787,396	13,519,048



LANE COUNTY
Schedule E - Summary of Allocation Basis

Department	Allocation Basis:	Allocation Source:
BUILDING DEPRECIATION		
1.4.1 Public Svc Bldg	PSB SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	BUILDING PLANS & MEASUREMENTS BY Brian Craner
1.4.2 Courthouse	COURTHOUSE SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	ARCHITECTURAL PLANS and Brian Craner
1.4.3 Harris Hall	HARRIS HALL SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	ARCHITECTURAL PLANS and Brian Craner
1.4.4 JJC	JJC SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	JJC ARCHITECTURAL PLANS
1.4.5 JJC Treatment	100% TO YS	JJC ARCHITECTURAL PLANS
1.4.6 JJC Resident	JJC RESIDENTIAL BLDG SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	JJC ARCHITECTURAL PLANS and reviewed by Brian Craner
1.4.7 Mental Health	MENTAL HEALTH BLDG SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	Fixed Asset Report and reviewed by Brian Craner
1.4.8 Bus Barn	100% TO REAL PROPERTY-FEE RELATED	DEPRECIATION SCHEDULE PER FIXED ASSETS REPORT
1.4.9 Elections	100% TO ELECTIONS	DEPRECIATION SCHEDULE & MCKENZIE COMMERCIAL CONTRACT
1.4.10 Lane Events Center	Lane Events Center	Depreciation Expense Report SAGE
1.4.11 Work Camp	100% TO FUND 435 CAPITAL PROJECTS	DEPRECIATION SCHEDULE PER FIXED ASSETS REPORT
1.4.12 Riverstone	100% to Riverstone	Facilities activity allocation
1.4.13 Charnelton Building	CHARNELTON BUILDING SQ FOOTAGE BY USER	ARCHITECTURAL PLANS and reviewed by Brian Craner
1.4.14 IS Data Center Depreciati	100% to IS Data Center	Depreciation activity allocation
1.4.15 Warehouse	100% TO FACILITY MAINTENANCE	FACILITY MAINTENANCE
1.4.16 Building H	100% to GF Public Safety	BUILDING DEPRECIATION SCHEDULES
1.4.17 MLK Jr Education Center	100% TO YS	JJC ARCHITECTURAL PLANS
51 COUNTY ADMIN		
2.4.1 PUBLIC INFO	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BRASS BUDGET SYSTEM
2.4.2 CAO A	EXP PER FUND/PRG (-DEBT; TRANSFERS & IG @ 10%	6/30/14 GL REV/EXP PGM SUMMARY (XX-301)
2.4.3 CAO B	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BRASS BUDGET SYSTEM
2.4.4 ECONOMIC DEV	100% TO ECONOMIC DEVELOPMENT	COUNTY ADMIN OFFICE
2.4.5 BUDGET & PIO	EXP PER FUND/PRG (-DEBT; TRANSFERS & IG @ 10%	6/30/14 GL REV/EXP PGM SUMMARY (XX-301)
2.4.6 Strat Planning	EXP PER FUND/PRG (-DEBT; TRANSFERS & IG @ 10%	6/30/14 GL REV/EXP PGM SUMMARY (XX-301)
2.4.7 Risk Admin	EXP PER FUND/PRG (-DEBT; TRANSFERS & IG @ 10%	6/30/14 GL REV/EXP PGM SUMMARY (XX-301)
2.4.8 Contracts	EXP PER FUND/PRG (-DEBT; TRANSFERS & IG @ 10%	6/30/14 GL REV/EXP PGM SUMMARY (XX-301)
51 BUDGET		
3.4.1 BUDGET SERVICES	BUDGET PER FUND/PRG (XX-301)	6/30/14 GL REV/EXP PGM SUMMARY
3.4.2 CONTRACT REVIEW	TOTAL NUMBER OF CONTRACTS PER DEPT/PRG	COUNT OF CONTRACTS
3.4.3 TITLE III 2000	8% Title III; 17% SRS-2008; 25% SRS-2012, 50% SRS-2013	BUDGET OFFICE
3.4.4 Title III SRS 2008	8% Title III; 17% SRS-2008; 25% SRS-2012, 50% SRS-2013	BUDGET OFFICE
3.4.5 Title III SRS-2012	8% Title III; 17% SRS-2008; 25% SRS-2012, 50% SRS-2013	BUDGET OFFICE
3.4.6 Title III SRS-2013	8% Title III; 17% SRS-2008; 25% SRS-2012, 50% SRS-2013	BUDGET OFFICE



LANE COUNTY
Schedule E - Summary of Allocation Basis

Department	Allocation Basis:	Allocation Source:
51 INTERNAL AUD		
4.4.1 ADJUSTED EXP	EXP PER FUND/PRG (-DEBT; TRANSFERS & IG @ 10%	6/30/14 GL REV/EXP PGM SUMMARY (XX-301)
11 CTY COUNSEL		
5.4.1 FIXED COSTS	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BRASS BUDGET SYSTEM
5.4.2 LEGAL SRVCS	LEGAL HOURS PER DEPT/PRG	COUNTY COUNSEL OFFICE
51 CAP PGM MGMT		
6.4.1 CAP PRG MGMT	100% to 435 51703XX Capital Imp	6/30/12 GL REV/EXP PGM SUMMARY
51 FINANCE		
7.4.1 CASH RECEIPTS	CASH RECEIPTS TRANSACTIONS PER UNIT	COUNT OF RECEIVABLE TRANSACTIONS
7.4.2 ACCTS PAYABLE	ACCOUNTS PAYABLE TRANSACTIONS PER DEPT/FD	COUNT OF ACCOUNTS PAYABLE TRANSACTIONS
7.4.3 PAYROLL	NUMBER OF PAYROLL TRANSACTIONS PER DEPT/FD	COUNT OF PAYROLL TRANSACTIONS PER REPORT BY DEPT/FD
7.4.4 BENEFITS	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BRASS BUDGET SYSTEM
7.4.5 INVESTMENTS	100% TO INVESTMENT PROGRAM	FTE ASSIGNED
7.4.6 WAREHOUSE	ACCOUNTS PAYABLE TRANSACTIONS PER DEPT/FD	COUNT OF ACCOUNTS PAYABLE TRANSACTIONS
51 HUMAN RESOURCES		
8.4.1 PERSONNEL SVCS	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BRASS BUDGET SYSTEM
51 OPERATIONS ADMINISTRATION		
9.4.1 Operations Admin Salaries	Operations Admin labor cost of depts managed	6/30/2015 GL Expense Summary
51 MAIL ROOM		
10.4.1 MAIL SERVICE	\$'S IN MAILROOM CHARGES PER DEPT/PGM	2013-14 ACTUALS (Account = 512537)
36 REAL PROPERTY		
11.4.1 COURTHSE CMPLX	SQ FTGE OCPD BY USER (PSB,CRTHSE,HARRIS)	ARCHITECTURAL PLANS and reviewed by Brian Craner
11.4.2 LEASES/OWN PROP	100% TO REAL PROPERTY-FEE RELATED	DEPRECIATION SCHEDULE PER FIXED ASSETS REPORT
36 124 TAX FORE		
12.4.1 TAX FORECLOSED	100% TO TAX FORECLOSED PROPERTY	ESTIMATED HOURS



LANE COUNTY
Schedule E - Summary of Allocation Basis

Department	Allocation Basis:	Allocation Source:
36 FACILITY MTNC		
13.4.1 JJC FAC USE	JJC SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	JJC ARCHITECTURAL PLANS
13.4.2 MH FAC USE	MENTAL HEALTH BLDG SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	Fixed Asset Report and reviewed by Brian Craner
13.4.3 ELECTON FAC USE	100% TO ELECTIONS	DEPRECIATION SCHEDULE & MCKENZIE COMMERCIAL CONTRACT
13.4.4 FACILITY USE	SQ FOOTAGE OCPD BY USER (PSB,CRTHSE, HARRIS)	ARCHITECTURAL PLANS and reviewed by Brian Craner
13.4.5 Brookside Clinic	100 % to Brookside Clinic	Facilities activity allocation
13.4.6 Charnelton	CHARNELTON BUILDING SQ FOOTAGE BY USER	ARCHITECTURAL PLANS and reviewed by Brian Craner
13.4.7 Delta Oaks Clinic	100% to Delta Oaks	Facilities activity allocation
13.4.8 Property Management	100% TO REAL PROPERTY-FEE RELATED	DEPRECIATION SCHEDULE PER FIXED ASSETS REPORT
13.4.9 Riverstone Clinic	100% to Riverstone	Facilities activity allocation
13.4.10 Forest Work Camp	100% Forest Work Camp	MS admin direct billed
51 ARCHIVES		
14.4.1 ARCHIVES	NUMBER OF ARCHIVE FILES PER DEPT/FUND	RECORDS DEPARTMENT
57 GENERAL EXP		
15.4.1 GEN EXP SERVICE	EXP PER FUND/PRG (-DEBT; TRANSFERS & IG @ 10%	6/30/14 GL REV/EXP PGM SUMMARY (XX-301)
15.4.2 Capital Outlay - Bldgs	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BRASS BUDGET SYSTEM
51 RISK MGMT CAO		
16.4.1 Risk Management	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BRASS BUDGET SYSTEM



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.

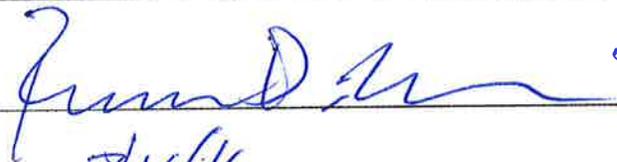
Location of the Project: Eugene/Springfield/Lane County

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.*