Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
If "Other", specify:
3. Date Received: 09/26/2019

4. Applicant Identifier:
5a. Federal Entity Identifier: 
5b. Federal Award Identifier: AL0019

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of 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 [X]

6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Jefferson-Blount-St. Clair Mental Health Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN): 63-0592183
   c. Organizational DUNS: 077653509
   d. Address
      Street 1: 940 Montclair Road
      Street 2: Suite 200
      City: Birmingham
      County: Jefferson
      State: Alabama
      Country: United States
      Zip / Postal Code: 35213
   e. Organizational Unit (optional)
      Department Name: Mental Illness Residential
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: James
      Middle Name: A.
      Last Name: Crego
      Suffix:
      Title: Associate Director
      Organizational Affiliation: Jefferson-Blount-St. Clair Mental Health Authority
      Telephone Number: (205) 443-2226
Extension: 226
Fax Number: (205) 592-3539
Email: jcrego@jbsmha.com
1C. SF-424 Application Details

9. Type of Applicant: N. Nonprofit without 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant’s Project: Supportive Housing Consolidation FY19

16. Congressional District(s):
   a. Applicant: AL-007, AL-006
      (for multiple selections hold CTRL key)
   b. Project: AL-007, AL-006
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Dr.
First Name: Richard
Middle Name: 
Last Name: Craig
Suffix: Ph.D
Title: Executive Director

Telephone Number: (205) 595-4555
(Format: 123-456-7890)
Fax Number: (205) 592-3539
(Format: 123-456-7890)

Email: r craig@jbsmha.com

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/26/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   **Agency Legal Name:** Jefferson-Blount-St. Clair Mental Health Authority
   **Prefix:** Dr.
   **First Name:** Richard
   **Middle Name:**
   **Last Name:** Craig
   **Suffix:** Ph.D
   **Title:** Executive Director
   **Organizational Affiliation:** Jefferson-Blount-St. Clair Mental Health Authority
   **Telephone Number:** (205) 595-4555
   **Extension:** 227
   **Email:** rcraig@jbsmha.com
   **City:** Birmingham
   **County:** Jefferson
   **State:** Alabama
   **Country:** United States
   **Zip/Postal Code:** 35213

2. Employer ID Number (EIN): 63-0592183

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance
   **Requested/Received:** $484,557.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Supportive Housing Consolidation FY19 940 Montclair Road Birmingham Alabama

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

### Part I Threshold Determinations

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

   Yes

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

   Yes

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid/PO Box 244032, Montgomery, AL</td>
<td>Fee-for-Service</td>
<td>$79,000.00</td>
<td>Permanent Sup Hsg Match</td>
</tr>
<tr>
<td>Jefferson-Blount-St.Clair Mental Health Authority</td>
<td>In-Kind</td>
<td>63000.0</td>
<td>Permanent Sup Hsg Match</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Part III Interested Parties

You must disclose:

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td></td>
<td>09/26/2019</td>
</tr>
</tbody>
</table>
Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Richard Craig, Executive Director

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

Date Signed: 08/07/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Jefferson-Blount-St. Clair Mental Health Authority

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

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

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

Authorized Representative

Prefix: Dr.
First Name: Richard
Middle Name
Last Name: Craig
Suffix: Ph.D
Title: Executive Director
Telephone Number: (205) 595-4555
(Format: 123-456-7890)
Fax Number: (205) 592-3539
(Format: 123-456-7890)
Email: rcraig@jbsmha.com
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/26/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

X

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

Applicant’s Organization: Jefferson-Blount-St. Clair Mental Health Authority

Name / Title of Authorized Official: Richard Craig, Executive Director

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

Date Signed: 09/26/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Jefferson-Blount-St. Clair Mental Health Authority
Street 1: 940 Montclair Road
Street 2: Suite 200
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip / Postal Code: 35213

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

I certify that this information is true and complete. X

Applicant: Jefferson-Blount-St. Clair Mental Health/Mental Retardation Authority
07-765-3509
Project: Supportive Housing Consolidation FY19
176229

Renewal Project Application FY2019 Page 16 09/26/2019
Applicant: Jefferson-Blount-St. Clair Mental Health/Mental Retardation Authority
Project: Supportive Housing Consolidation FY19

Authorized Representative
Prefix: Dr.
First Name: Richard
Middle Name:
Last Name: Craig
Suffix: Ph.D
Title: Executive Director

Telephone Number: (205) 595-4555
(Format: 123-456-7890)
Fax Number: (205) 592-3539
(Format: 123-456-7890)

Email: rcraig@jbsmha.com

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

Date Signed: 09/26/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

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?  
   Yes
   
   Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

   $811 was left on the Supportive Housing Grant for FY18. An amendment was made to reflect the year-to-date budgeted line items expenditures, however, a reduction in supportive service expenses for the 12th month of the grant year decreased unexpectedly. An adjustment has been made to the consolidated budget to prevent this from reoccurring.
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? Yes

2. Is this an individual project application or a fully consolidated project application? Fully Consolidated

Renewal Grant Consolidation Table

<table>
<thead>
<tr>
<th>Project Identification Number</th>
<th>Total Requested Amount</th>
<th>Surviving PIN or Terminating PIN</th>
<th>Operating Start Date</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL0019</td>
<td>$269,662</td>
<td>Surviving PIN</td>
<td>07/01/2019</td>
<td>06/30/2020</td>
</tr>
<tr>
<td>AL0019</td>
<td>$184,895</td>
<td>Terminating PIN</td>
<td>07/01/2019</td>
<td>06/30/2020</td>
</tr>
</tbody>
</table>

*The surviving PIN must have the earliest operating start date. All Expiration Dates will be set to 2020.

Renewal Grant Consolidation Summary

<table>
<thead>
<tr>
<th>Total Number of Grants in Consolidation</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Requested Amount in Consolidation</td>
<td>$454,557</td>
</tr>
</tbody>
</table>

I hereby confirm that I have reviewed the accuracy and submitted all the renewal project applications related to this consolidation request into esnaps. X

Click on “Save & Next” to continue completing the remainder of this
project application combining all the project application data for all the projects listed above into a single fully consolidated project application.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amo unt</th>
</tr>
</thead>
</table>

Total Expected Sub-Awards: $0

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AL0019
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

2b. CoC Collaborative Applicant Name: One Roof

3. Project Name: Supportive Housing Consolidation FY19

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Does this project include Replacement Reserves? No
3B. Project Description

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

This request is to combine the Supportive Housing and Expansion of Supportive Housing projects. This project will serve SMI adults through a 30 bed scattered site apartment project with 3 staff members. Apartments will be located in the Birmingham, AL and Jefferson County communities. The project is designed to successfully maintain chronically homeless, seriously mentally ill adults in permanent supportive housing. Case managers will work closely with participants to assist them in developing greater self-determination, increase the participants skills and income, help them to manage their mental illness, and maintain residential stability.

The population to be served by this effort consists of single adults, predominantly males, referred to us by a variety of community providers and identified by street outreach programs.

The case manager will go to the residence of the 10 consumers on a regular basis to monitor their progress related to housekeeping, public transportation, and budgeting, while observing medication to see if it is being taken regularly. Success in each of these areas will allow the consumer to manage their mental illness, improve their self-esteem, and stabilize their living situation.

Consumers in the program pay rent based on their income. For those with no income, their is no charge. For all others, rent is equal to 30% of net income.

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

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

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (Click ‘Save’ to update)

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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  Yes
3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

1. experiencing chronic homelessness as defined in 24 CFR 578.3;
2. residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
3. residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
4. residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
5. residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
6. receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA’s homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Semi-annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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

3. Do project participants have access to

| Renewal Project Application FY2019                     | Page 28     | 09/26/2019  |
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

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: 24
Total Beds: 30
Total Dedicated CH Beds: 30

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>---</td>
<td>24</td>
<td>30</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

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

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  24
   b. Beds:  30

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   30

   This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:

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

   Street 1:  940 Montclair Road
   Street 2:  Suite 200
   City:  Birmingham
   State:  Alabama
   ZIP Code:  35213

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

   010228 Birmingham, 019073 Jefferson County
### 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>30</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>30</td>
<td>0</td>
<td>30</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## 5B. Project Participants - Subpopulations

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disabilit y</th>
<th>Developmental Disabilit y</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disabilit y</th>
<th>Developmental Disabilit y</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>29</td>
<td>1</td>
<td>2</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>29</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disabilit y</th>
<th>Developmental Disabilit y</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
6A. Funding Request

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units X
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS
6B. Leased Units Budget

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

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL - Birmingham-H...</td>
<td>24</td>
<td>$204,062</td>
<td>$204,062</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $204,062
Grant Term: 1 Year
Total Request for Grant Term: $204,062
Total Units: 24
Leased Units Budget Detail

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

Metropolitan or non-metropolitan fair market rent area: AL - Birmingham-Hoover, AL HUD Metro FMR Area (0100799999)

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>24</strong></td>
<td><strong>$204,062</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td><strong>1 Year</strong></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td><strong>$204,062</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6D. 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

<table>
<thead>
<tr>
<th></th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$79,000</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$63,000</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$142,000</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:
Rent collected from participants and Medicaid fee-for-service billing for mental health services provided

1b. Estimate the amount of program income that will be used as Match for this project: $79,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Rehab services pr...</td>
<td>07/19/2019</td>
<td>$63,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Medicaid fee-for-...</td>
<td>07/19/2019</td>
<td>$79,000</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match?  Yes

2. Type of Commitment:  In-Kind

3. Type of Source:  Private

4. Name the Source of the Commitment:  Rehab services provided to program participants and not billed to the grant (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment:  07/19/2019

6. Value of Written Commitment:  $63,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match?  Yes

2. Type of Commitment:  Cash

3. Type of Source:  Private

4. Name the Source of the Commitment:  Medicaid fee-for-service revenue and rent (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment:  07/19/2019

6. Value of Written Commitment:  $79,000
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$204,062</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$190,000</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$60,495</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$454,557</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$30,000</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$484,557</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$79,000</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$63,000</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$142,000</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$626,557</td>
</tr>
</tbody>
</table>
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
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<tr>
<td>3) Other Attachment</td>
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Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
### 7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
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<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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: Richard Craig

Date: 09/26/2019

Title: Executive Director

Applicant Organization: Jefferson-Blount-St. Clair Mental Health Authority
PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

X

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

X
Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
</tr>
<tr>
<td>3B. Description</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td>4B. Housing Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td>6B. Leased Units</td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3A - 1. update scope to combine the two projects
   2 & 2a. identify specific population focus
3D - project does follow Housing First approach
4B - reflect total units
5A - reflect total HH
5B - reflect total subpops
6A - combine SHP and Expansion grant budgets for funding request
6B,D,E - combine to reflect the total 30 units proposed, total match, total adjusted budget for combined projects; admin adjusted to reflect current expenditures
7A - no change
7B - certified and signed

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
## 8B Submission Summary

### Applicant:
Jefferson-Blount-St. Clair Mental Health/Mental Retardation Authority

### Project:
Supportive Housing Consolidation FY19

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tr>
<td><strong>1A. SF-424 Application Type</strong></td>
<td>08/07/2019</td>
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<tr>
<td><strong>1B. SF-424 Legal Applicant</strong></td>
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Renewal Project Application FY2019  Page 49  09/26/2019
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<th>Status</th>
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<td>1D. SF-424 Congressional District(s)</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/07/2019</td>
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<tr>
<td>1F. SF-424 Declaration</td>
<td>08/07/2019</td>
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<tr>
<td>1G. HUD-2880</td>
<td>08/07/2019</td>
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<tr>
<td>1H. HUD-50070</td>
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<td>1I. Cert. Lobbying</td>
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<td>1J. SF-LLL</td>
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<td>Renewal Expansion</td>
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<td>Renewal Grant Consolidation</td>
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<td>3A. Project Detail</td>
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<tr>
<td>3C. Dedicated Plus</td>
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<tr>
<td>4A. Services</td>
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<tr>
<td>4B. Housing Type</td>
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<tr>
<td>5A. Households</td>
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<td>5B. Subpopulations</td>
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<tr>
<td>6A. Funding Request</td>
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<tr>
<td>6D. Match</td>
<td>08/29/2019</td>
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<td>6E. Summary Budget</td>
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<td>7A. Attachment(s)</td>
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<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td>No Input Required</td>
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<tr>
<td>7B. Certification</td>
<td>08/07/2019</td>
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<tr>
<td>Submission Without Changes</td>
<td>08/29/2019</td>
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</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/28/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: AL0001
   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of 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. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: The Cooperative Downtown Ministries, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 63-0884164

   c. Organizational DUNS: 827210816

   d. Address
      Street 1: P.O. Box 11722
      Street 2: 
      City: Birmingham
      County: Jefferson
      State: Alabama
      Country: United States
      Zip / Postal Code: 35202-1722

   e. Organizational Unit (optional)
      Department Name:
      Division Name:

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Anne
      Middle Name:
      Last Name: Wright
      Suffix:
      Title: Executive Director
      Organizational Affiliation: The Cooperative Downtown Ministries, Inc.
      Telephone Number: (205) 252-9576
Extension: 10
Fax Number: (205) 252-9576
Email: awright@firehouseshelter.com
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (State(s) only): Alabama
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: FY 2019 Consolidated PSH

16. Congressional District(s):
   a. Applicant: AL-007, AL-006
      (for multiple selections hold CTRL key)
   b. Project: AL-007, AL-006
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2020
   b. End Date: 11/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Anne
Middle Name:
Last Name: Rygiel
Suffix:
Title: Executive Director
Telephone Number: (205) 252-9576
(Format: 123-456-7890)
Fax Number: (205) 252-9578
(Format: 123-456-7890)
Email: awright@firehouseshelter.com
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/28/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: The Cooperative Downtown Ministries, Inc.
   Prefix: Ms.
   First Name: Anne
   Middle Name: 
   Last Name: Rygiel
   Suffix: 
   Title: Executive Director

   Organizational Affiliation: The Cooperative Downtown Ministries, Inc.
   Telephone Number: (205) 252-9576
   Extension: 
   Email: awright@firehouseshelter.com
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip/Postal Code: 35202-1722

2. Employer ID Number (EIN): 63-0884164

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $722,335.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

FY 2019 Consolidated PSH P.O. Box 11722
Birmingham Alabama

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

Part I Threshold Determinations

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

Yes

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

Yes

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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</thead>
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<td>N/A</td>
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<tr>
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<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).
<table>
<thead>
<tr>
<th>Reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>or Employee ID No.</th>
<th>Participation in Project/Activity ($)</th>
<th>in Project/Activity (%)</th>
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</thead>
<tbody>
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**Certification**

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

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

**I AGREE:** ☒

**Name / Title of Authorized Official:** Anne Rygiel, Executive Director

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

**Date Signed:** 08/07/2019
# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** The Cooperative Downtown Ministries, Inc.

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

### Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I

---

Renewal Project Application FY2019 | Page 12 | 09/26/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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

Authorized Representative

Prefix:  Ms.
First Name:  Anne
Middle Name
Last Name:  Rygiel
Suffix:
Title:  Executive Director
Telephone Number: (205) 252-9576
(Format: 123-456-7890)
Fax Number: (205) 252-9578
(Format: 123-456-7890)
Email: awright@firehouseshelter.com

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/28/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

X

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

Applicant’s Organization: The Cooperative Downtown Ministries, Inc.

Name / Title of Authorized Official: Anne Rygiel, Executive Director

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

Date Signed: 08/28/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

Yes

Legal Name: The Cooperative Downtown Ministries, Inc.
Street 1: P.O. Box 11722
Street 2: Birmingham
City: Jefferson
County: Jefferson
State: Alabama
Country: United States
Zip / Postal Code: 35202-1722

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

I certify that this information is true and complete. X
Authorized Representative

Prefix:  Ms.
First Name:  Anne
Middle Name:  
Last Name:  Rygiel
Suffix:  
Title:  Executive Director

Telephone Number:  (205) 252-9576
(Format: 123-456-7890)

Fax Number:  (205) 252-9578
(Format: 123-456-7890)

Email:  awright@firehouseshelter.com

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

Date Signed:  08/28/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

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
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AL0001
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

2b. CoC Collaborative Applicant Name: One Roof

3. Project Name: FY 2019 Consolidated PSH

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Does this project include Replacement Reserves? No
3B. Project Description

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

Cooperative Downtown Ministries (dba The Firehouse Shelter) offers PSH as a permanent supportive housing component. PSH offers a total of 74 beds in one and two-bedroom scattered site apartments. PSH housing is low barrier, housing first, and serves those individuals identified as chronically homeless. PSH offers a permanent housing solution paired with readily available case management and other supportive services including onsite small groups, house meetings, and off site services. All services are optional to promote consumer choice. Participation in supportive services is encouraged, but not required. PSH provides housing for those with poor/no credit, people with criminal backgrounds, and other common barriers to permanent housing. These clients are identified by coordinated assessment. This is a Housing First program, so relapse is not a dismissal from the program.

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

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

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update)

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.
<table>
<thead>
<tr>
<th>Reason</th>
<th>Checkbox</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Checkbox</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes
3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

DedicatedPLUS
### 4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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

3. Do project participants have access to

   Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

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: 40
Total Beds: 74
Total Dedicated CH Beds: 42

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>40</td>
<td>74</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 40
   b. Beds: 74

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   42
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:

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

   Street 1: 909 8th street Southwest
   City: Birmingham
   State: Alabama
   ZIP Code: 35211

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

   010228 Birmingham, 019073 Jefferson County
### 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>74</td>
<td>74</td>
<td>74</td>
<td>74</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>72</td>
<td>2</td>
<td>72</td>
<td>72</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>74</td>
<td>0</td>
<td>74</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
# 5B. Project Participants - Subpopulations

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

## Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>64</td>
<td>8</td>
<td>0</td>
<td>56</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>66</td>
<td>8</td>
<td>0</td>
<td>58</td>
<td>4</td>
<td>7</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

## Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

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? Yes

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units X
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS
6B. Leased Units Budget

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

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL - Birmingham-H...</td>
<td>9</td>
<td>$416,343</td>
<td>$416,343</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $416,343

Grant Term: 1 Year

Total Request for Grant Term: $416,343

Total Units: 9
Leased Units Budget Detail

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

Metropolitan or non-metropolitan fair market rent area: AL - Birmingham-Hoover, AL HUD Metro FMR Area (0100799999)

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>9</strong></td>
<td><strong>$416,343</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td><strong>1 Year</strong></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td><strong>$416,343</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6D. 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**

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$25,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$55,000</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$80,000</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? **Yes**

   1a. Briefly describe the source of the program income:
   
   Program income is occupancy charge. Occupancy charges are determined in accordance to HUD guidelines and are not mandatory.

   1b. Estimate the amount of program income that will be used as Match for this project: **$10,000**

   Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Private donors fr...</td>
<td>07/31/2019</td>
<td>$25,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Private in-kind p...</td>
<td>07/31/2019</td>
<td>$55,000</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Private donors from the faith and private sector
(Received from the faith and private sector.

5. Date of Written Commitment: 07/31/2019
6. Value of Written Commitment: $25,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Private in-kind program donations
(Received from private in-kind program donations.

5. Date of Written Commitment: 07/31/2019
6. Value of Written Commitment: $55,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$416,343</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$202,362</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$56,665</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$675,370</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$46,965</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$722,335</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$25,000</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$55,000</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$80,000</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$802,335</td>
</tr>
</tbody>
</table>

Applicant: The Cooperative Downtown Ministries
Project: FY 2019 Consolidated PSH
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

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

**20-Year Operation Rule.**

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.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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**  
Anne Rygiel

**Date:** 08/28/2019  
**Title:** Executive Director

**Applicant Organization:** The Cooperative Downtown Ministries, Inc.
PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td></td>
</tr>
<tr>
<td>3B. Description</td>
<td>x</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>x</td>
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</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td>x</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td>x</td>
</tr>
<tr>
<td>6B. Leased Units</td>
<td>x</td>
</tr>
<tr>
<td>6D. Match</td>
<td>x</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

1D- a/b- corrected dates
3A/3B/4B/5B- corrected to reflect grant expansion and leased housing numbers
5A- number updated to reflect the expansion grant
6D-Increased match amount to reflect expansion grant

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>

Applicant: The Cooperative Downtown Ministries

Project: FY 2019 Consolidated PSH

63-0884164 176030
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C. SF-424 Application Details</td>
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</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/07/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
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</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>6B. Leased Units</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/28/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/27/2019

4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: AL0010

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of 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. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: First Light, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 63-1197189

   c. Organizational DUNS: 054334367

   d. Address
      Street 1: 2230 4th Avenue North
      Street 2: 
      City: Birmingham
      County: Jefferson
      State: Alabama
      Country: United States
      Zip / Postal Code: 35203

   e. Organizational Unit (optional)
      Department Name:
      Division Name:

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Ruth
      Middle Name: Griffin
      Last Name: Crosby
      Suffix: 
      Title: Executive Director
      Organizational Affiliation: First Light, Inc.
      Telephone Number: (205) 323-4277
Extension:
Fax Number:  (205) 323-8362
Email:  ruth.crosby@firstlightshelter.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (State(s) only): Alabama
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Fourth Floor 2019

16. Congressional District(s):
   a. Applicant: AL-007, AL-006
      (for multiple selections hold CTRL key)
   b. Project: AL-007
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 06/01/2020
   b. End Date: 05/31/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

   If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Ruth
Middle Name: Griffin
Last Name: Crosby
Suffix:
Title: Executive Director

Telephone Number: (205) 323-4277
(Format: 123-456-7890)
Fax Number: (205) 323-8362
(Format: 123-456-7890)
Email: ruth.crosby@firstlightshelter.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/27/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: First Light, Inc.
   Prefix: Ms.
   First Name: Ruth
   Middle Name: Griffin
   Last Name: Crosby
   Suffix: 
   Title: Executive Director

   Organizational Affiliation: First Light, Inc.

   Telephone Number: (205) 323-4277
   Extension: 228
   Email: ruth.crosby@firstlightshelter.org
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip/Postal Code: 35203

2. Employer ID Number (EIN): 63-1197189

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $103,515.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Fourth Floor 2019 2230 4th Avenue North
Birmingham Alabama

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

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes

(For further information, see 24 CFR Sec. 4.3).

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

(For further information, see 24 CFR Sec. 4.9).

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Part III Interested Parties

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>09/26/2019</td>
</tr>
</tbody>
</table>
Certification

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

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

I AGREE: X

Name / Title of Authorized Official:  Ruth Crosby, Executive Director

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

Date Signed:  08/05/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: First Light, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

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

Sites for Work Performance.

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

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

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

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

Authorized Representative

Prefix: Ms.
First Name: Ruth
Middle Name: Griffin
Last Name: Crosby
Suffix: 
Title: Executive Director
Telephone Number: (205) 323-4277
(Format: 123-456-7890)
Fax Number: (205) 323-8362
(Format: 123-456-7890)
Email: ruth.crosby@firstlightshelter.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/27/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

Applicant’s Organization: First Light, Inc.

Name / Title of Authorized Official: Ruth Crosby, Executive Director

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

Date Signed: 08/27/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB0348-0046

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

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: First Light, Inc.
Street 1: 2230 4th Avenue North
Street 2:  
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip / Postal Code: 35203

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

I certify that this information is true and complete. X

Applicant: First Light, Inc.
Project: Fourth Floor 2019

Renewal Project Application FY2019 Page 16 09/26/2019
Authorized Representative

Prefix: Ms.
First Name: Ruth
Middle Name: Griffin
Last Name: Crosby
Suffix:
Title: Executive Director

Telephone Number: (205) 323-4277
(Format: 123-456-7890)
Fax Number: (205) 323-8362
(Format: 123-456-7890)

Email: ruth.crosby@firstlightshelter.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/27/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, esnaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The esnaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

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
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AL0010
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

2b. CoC Collaborative Applicant Name: One Roof

3. Project Name: Fourth Floor 2019

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Does this project include Replacement Reserves? No
3B. Project Description

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

This project serves 9 single women with documented SMI’s who are unable to live independently. Potential clients are identified through Coordinated Assessment. This program is staffed 24/7 and the clients are seen/evaluated daily. Even though this program is Housing First, participants are strongly encouraged to access all available services. With the assistance of a social worker, they are provided transportation to doctor’s appointments, store outings and basic life skills training. Participants in the program see a psychiatrist to ensure their mental health is stable and for medication compliance, and the First Light social worker helps to ensure client medication compliance by assisting them with filling medicine boxes weekly. Each participant is given options as to where they want to receive their mental health care. Social workers assist each woman in voluntarily developing independent living goals, goals which include applying for and receiving various mainstream benefits, identifying paid work or volunteer opportunities, and participating in community event. In an effort to increase their clients’ independent living skills, there is a communal kitchen available for individual cooking or a group meal. Each woman has an individual room which she is responsible for and she shares responsibility for the communal shower/bathroom, and the communal living space. Religious services and group therapy and art therapy classes are also offered to our guests and are made available in the building.

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

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

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="X" alt="Checkmark" /></td>
<td><img src="X" alt="Checkmark" /></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
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<td><img src="X" alt="Checkmark" /></td>
<td><img src="X" alt="Checkmark" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Blank]</td>
<td><img src="X" alt="Checkmark" /></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Blank]</td>
<td><img src="X" alt="Checkmark" /></td>
</tr>
</tbody>
</table>

| Other (Click ‘Save’ to update) | ![Checkmark](X) |

Other: physical/medical disabilities
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  X
- Active or history of substance use  X
- Having a criminal record with exceptions for state-mandated restrictions  X
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse)  X
- None of the above

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  X
- Failure to make progress on a service plan  X
- Loss of income or failure to improve income  X
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area  X
- None of the above

3d. Does the project follow a "Housing First" approach?  Yes
A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

**N/A**
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Applicant</td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>Bi-monthly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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

3. Do project participants have access to

Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 9
Total Beds: 9
Total Dedicated CH Beds: 2

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dormitory, shared or privat</td>
<td>---</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Dormitory, shared or private rooms

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 9
   b. Beds: 9

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   2
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:

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

   Street 1: 2230 4th Avenue North
   City: Birmingham
   State: Alabama
   ZIP Code: 35203

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   010228 Birmingham, 019073 Jefferson County
5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
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<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Persons ages 18-24</td>
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<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? Yes

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services
   - Operating X
   - HMIS
6D. 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments</td>
<td>$33,888</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments</td>
<td>$33,888</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? **No**

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>unrestricted fund...</td>
<td>07/24/2019</td>
<td>$33,888</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: unrestricted funds from individual donations, community donations, foundations and churches
5. Date of Written Commitment: 07/24/2019
6. Value of Written Commitment: $33,888
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$94,365</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$94,365</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$9,150</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$103,515</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$33,888</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$33,888</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$137,403</td>
</tr>
<tr>
<td>Document Type</td>
<td>Required?</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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: Ruth Crosby

Date: 08/27/2019

Title: Executive Director

Applicant Organization: First Light, Inc.
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td>X</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
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<tr>
<td>4B. Housing Type</td>
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</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
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</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
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<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>X</td>
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</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
</tr>
</thead>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Part 3: 3A: No changes were made; 3B: Changes were made in the description to show that participants are encouraged to continue to seek outside volunteer opportunities and seek employment. The change also reflects that the program no longer has a therapy dog which has been part of the program for many years.
Part 6: 6A,6D: No changes were made; 6E: Changes were made to operating cost to cover increase in utilities and security as we are staffed 24/7.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/26/2019</td>
</tr>
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</table>

Applicant: First Light, Inc. 054334367
Project: Fourth Floor 2019 175573

Renewal Project Application FY2019 Page 44 09/26/2019
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
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<tr>
<td>Recipient Performance</td>
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<tr>
<td>Renewal Expansion</td>
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</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/06/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/27/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SÀM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
   If "Other", specify:

3. Date Received: 09/13/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AL0144

   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of 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

4. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: One Roof
   b. Employer/Taxpayer Identification Number (EIN/TIN): 63-1051908
   c. Organizational DUNS: 189760254

   d. Address
      Street 1: 1515 6th Avenue South
      City: Birmingham
      County: Jefferson
      State: Alabama
      Country: United States
      Zip / Postal Code: 35233

   e. Organizational Unit (optional)
      Department Name: 
      Division Name: 

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mrs.
      First Name: Jeri
      Middle Name: 
      Last Name: Tindal
      Suffix: 
      Title: HMIS Coordinator
      Organizational Affiliation: One Roof
      Telephone Number: (205) 254-8833
Extension: 115
Fax Number: (205) 502-4600
Email: jeni@oneroofonline.org
1C. SF-424 Application Details

9. Type of Applicant:  M. Nonprofit with 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance
   Title:  CoC Program
   CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6300-N-25
   Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:  
   Title:  

Applicant:  One Roof
Project:  Coordinated Assessment FY2019

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1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant’s Project:
   Coordinated Assessment FY2019

16. Congressional District(s):
   a. Applicant: AL-003, AL-007, AL-006
      (for multiple selections hold CTRL key)
   b. Project: AL-003, AL-007, AL-006
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 04/01/2020
   b. End Date: 03/31/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
    No
    If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Michelle
Middle Name: 
Last Name: Farley
Suffix: 
Title: Executive Director
Telephone Number: (205) 254-8833
(Format: 123-456-7890)
Fax Number: (205) 502-4600
(Format: 123-456-7890)
Email: michelle@oneroofonline.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/13/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name:  One Roof
   Prefix:  Ms.
   First Name:  Michelle
   Middle Name:  
   Last Name:  Farley
   Suffix:  
   Title:  Executive Director

   Organizational Affiliation:  One Roof
   Telephone Number:  (205) 254-8833
   Extension:  114
   Email:  michelle@oneroofonline.org
   City:  Birmingham
   County:  Jefferson
   State:  Alabama
   Country:  United States
   Zip/Postal Code:  35233

2. Employer ID Number (EIN):  63-1051908

3. HUD Program:  Continuum of Care Program

4. Amount of HUD Assistance Requested/Received:  $377,643.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Coordinated Assessment FY2019 1515 6th Avenue South Birmingham Alabama

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

### Part I Threshold Determinations

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

   Yes

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

   Yes

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Part III Interested Parties

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>09/26/2019</td>
<td></td>
</tr>
</tbody>
</table>
Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Michelle Farley, Executive Director

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

Date Signed: 08/27/2019
I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

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

Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I

[Signature]

Renewal Project Application FY2019  Page 12  09/26/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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

Authorized Representative

Prefix: Ms.
First Name: Michelle
Middle Name
Last Name: Farley
Suffix:
Title: Executive Director
Telephone Number: (205) 254-8833
(Format: 123-456-7890)
Fax Number: (205) 502-4600
(Format: 123-456-7890)
Email: michelle@oneroofonline.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/13/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

Applicant’s Organization: One Roof

Name / Title of Authorized Official: Michelle Farley, Executive Director

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

Date Signed: 09/13/2019
J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: One Roof
Street 1: 1515 6th Avenue South
Street 2: 
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip / Postal Code: 35233

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

I certify that this information is true and complete. X
Authorized Representative
Prefix: Ms.
First Name: Michelle
Middle Name: 
Last Name: Farley
Suffix: 
Title: Executive Director
Telephone Number: (205) 254-8833
(Format: 123-456-7890)
Fax Number: (205) 502-4600
(Format: 123-456-7890)
Email: michelle@oneroofonline.org
Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 09/13/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
### Recipient Performance

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?  
   - Yes

   Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

   This was the third year for the Coordinated Assessment (CA) Grant and we are finally at full staffing capacity. During this grant period we left primarily administration dollars on the table but we received financial education from a HUD Technical Assistance (TA) firm and now feel better prepared to use all funds in the future.
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of an Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AL0144
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

2b. CoC Collaborative Applicant Name: One Roof

3. Project Name: Coordinated Assessment FY2019

4. Project Status: Standard

5. Component Type: SSO

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

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

Project will partially fund AL-500 CoC Coordinated Assessment (CA) program including staff salaries, outreach services, expenses of CA-related HMIS, tech tools, office space, and supply costs. Goals of CA are: (1) identify and engage persons experiencing homelessness at the earliest possible stage of intervention; (2) divert persons from the homeless service system when possible; and (3) objectively match people with the type, level, and duration of services that best meet their needs. CA ensures that our CoC quickly identifies any newly homeless Veterans and is on track to end Chronic, Family, and Youth homelessness within our geographic service area. This project will continue to support a 6-person CA team to increase CoC ability to identify, document, and engage all unsheltered and sheltered homeless. Four of these CA team members will continue to be the first to engage people on the street. They will continue monthly outreach partnership meetings to strengthen CoC efforts with Youth Outreach (e.g. Hope House), Latinx Outreach (e.g. HICA), Mental Health Outreach (e.g. JBS Mental Health Authority), LGBTQIA+ (e.g. Magic City Acceptance Center), Ex-Offender Reentry (e.g. Dannon Project), and Veteran’s Outreach teams from the VA medical center and the SSVF funded agencies, and will develop relationships with first responders, at libraries, in emergency rooms, and all other places a homeless person might present throughout the CoC geography. These outreach staff will be prepared to go to any person who needs CA services whether on the streets or in shelter. This CA project will also fund 2 staff members to support other activities of the CA program, including, but not limited to, answering crisis phones, performing standardized vulnerability assessments using the VI-SPDAT (plus family and youth versions), maintaining a centralized and prioritized waiting list, making appropriate referrals to housing and services that best fit clients' needs, and continuously evaluating the program for both successes and opportunities for improvement.

The CA team will be supplemented with non-CoC funded AmeriCorps members and well-trained volunteers. CA will be available for anyone who calls or visits our facility, or comes in contact with our CA Street team members, ensuring that CA is easily accessible for all persons within the CoC’s geographic area. With the help of a partner agency, Disability Rights and Resources, CA will be accessible to anyone with disabilities. Our facility is centrally located on a bus line in a former indigent hospital that now houses many nonprofits that provide services for homeless and at-risk people (almost a de facto One Stop) including: a pro bono legal clinic, both urgent and long-term medical and mental health care, senior services, dental care, a State VA benefits center, a mental health ACT team, Meals on Wheels, Recovery Resource Center, and the County Morgue. One Roof CA accepts referrals from, and refers to, each of them.

2. Does your project have a specific population focus? Yes
2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Other (Click ‘Save’ to update)</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>
3d. Does the project follow a "Housing First" approach? Yes

4. Please select the type of SSO Project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC’s entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

Our partnerships with the Latinx service providers/outreach, with Veteran and Youth outreach, and with Disability Rights and Resources allow us to educate those workers on Coordinated Assessment (CA) so they can assist us in reaching those with the highest barriers to accessing assistance. We have strong partners in three service providers (Firehouse, Salvation Army, and Church of the Reconciler) that, between them, serve 98% of our street population, so we are able to educate them on CA so they can be a liaison with their clients. The 4-person CA Outreach team is on the streets talking with clients and in businesses of first responders, hospitals, libraries, and other places homeless gather. Not only are the relationships developed with staff of those entities a bridge to CA, but so also will the fact that homeless people visiting those facilities will consistently see the faces of the Outreach team and learn to trust them. Our CA team visits schools, neighborhood associations, churches/synagogues, and the smaller municipalities in the non-urban areas and develops partnerships with them to help us publicize CA to people who may be homeless in those communities. We of course educate the local 211, but we also continue to educate faith based groups, community groups (e.g. attending panels for local coalition chapter meetings and events), social workers, and concerned citizens about CA so that they could share it with those with higher barriers who would never call 211.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

The referral process for Coordinated Assessment (CA) is as follows:
• Client will contact CA via phone, walk-in, or through street/shelter outreach efforts
• If the client is in need of housing services, the client will be directed to complete a coordinated assessment and vulnerability index over the phone or, if in the facility or with street outreach, in person.
• After the assessment is complete, the client is placed on a centralized waiting list based on the client’s vulnerability score, set by the VI-SPDAT 2.0, VI-FSPDAT or TAY-VI-SPDAT as appropriate and the CoC’s priority ranking, based on the HUD Notice CPD-16-011.
• All services provided by our CoC and ESG providers and many other
community service providers are recorded in HMIS. Therefore, HMIS is used to generate a list of all available housing/prevention resources within our geographic area.

• Once a resource is available, the CA team checks the waiting list and makes the most appropriate referral for the next eligible client at the top of the waiting list. This referral is made electronically through PromisSE (the HMIS implementation). The uniform referral decision is made using a client's vulnerability score and priority ranking. The most vulnerable (highest vulnerability score) and highest priority ranking (Chronically Homeless, Veterans, Families, and Youth) gets the next referral. Referral decisions are also made using programs’ eligibility requirements. For example, CA does not send a referral for an adult client to a youth-specific program.

• The corresponding agency then contacts and follows up with client. The agency electronically accepts, cancels, or declines the housing referral after meeting with client to discuss their program.

• If a client and agency accept the referral, the client will work directly with the agency and enter their housing program. The CA entry in HMIS will be closed once the client starts working with the corresponding agency.

• If client and/or agency declines or cancels the referral, then the agency will notify CA with an explanation and client will remain on the waiting list until the next housing placement is available. Agencies are required to accept a minimum of 1 in 4 referrals made by CA.

• It should be noted that a client who expresses being in imminent danger from an abuser is not entered into HMIS and all correspondence/placement is with a Victim Service provider.

• Clients are allowed to decline 1 referral and are placed back in the same spot on the centralized waiting list. However, if the client declines a second referral, the client is moved down to the bottom of the waiting list based on their VI-SPDAT score. For example, if a client with a VI-SPDAT score of 8 (high vulnerability) and priority ranking score of 5 (high priority), and that client declines two housing placements, the client is moved to the bottom of the list of clients with the same level of vulnerability and priority. If a client declines all available resources, the CA outreach team will continue to attempt to engage those persons. Per HUD CPD-16-011, CA will continue to prioritize these clients until they are housed.

• All clients and Corresponding Agencies have the right to appeal the client’s vulnerability score given by CA. If a client would like to appeal, the client can contact the CoC’s administrative office. All appeals of scores by clients or corresponding agencies should be made in writing and submitted to CA. Agencies’ internal appeal process is separate from CA’s appeal process. Appropriate accommodations will be made for those who need assistance in completing a written appeal to the CoC.

• If an individual/household is on the waiting list and more information is obtained which would change barriers to housing placement, the individual/household will contact CA to update their status change to determine if a level-of-care change needs to occur.

• If a corresponding agency meets with a client during an intake interview and feels there was pertinent information not shared at the initial assessment, a re-assessment is required. The corresponding agency will refer the client back to CA. Usually this can take place immediately over the phone, Monday-Friday 9:00 AM – 5:00 PM.
or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth?
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Structures
   - Supportive Services X
   - HMIS
6D. 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: | $84,411 |
| Total Value of In-Kind Commitments: | $10,000 |
| Total Value of All Commitments: | $94,411 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>One Roof will use...</td>
<td>07/31/2019</td>
<td>$84,411</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>One Roof in-kind ...</td>
<td>07/31/2019</td>
<td>$10,000</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: One Roof will use membership dues, donations for Coordinated Assessment

5. Date of Written Commitment: 07/31/2019

6. Value of Written Commitment: $84,411

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: One Roof in-kind donations of water, food, supplies for street outreach to initiate client engagement.

5. Date of Written Commitment: 07/31/2019

6. Value of Written Commitment: $10,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select “Make Changes” in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$343,312</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$343,312</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$34,331</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$377,643</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$84,411</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$10,000</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$94,411</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$472,054</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
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</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

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

**20-Year Operation Rule.**

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.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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**  Michelle Farley  
**Date:** 09/13/2019  
**Title:** Executive Director  
**Applicant Organization:** One Roof
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. 
   Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td>X</td>
</tr>
</tbody>
</table>

| Part 4 - Housing Services and HMIS |   |
| Part 5 - Participants and Outreach Information |   |
| Part 6 - Budget Information |   |
| 6A. Funding Request            |   |
| 6D. Match                       | X |
| 6E. Summary Budget             | X |

| Part 7 - Attachment(s) & Certification |   |
| 7A. Attachment(s)                   | X |
| 7A. In-Kind Match MOU Attachment    |   |
| 7B. Certification                  | X |

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 3A Pin updated
. 3B(1) Project Description: Expanded the project description by adding details to the 1st, 2nd, and 3rd paragraph
. 3B(4b) Project Description: Added more details of institutions and community groups that interact with CA Outreach team
. 6D Match updated to reflect the appropriate time period for this application
. 7A Not updated
. 7B Updated with current signature

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page Description</th>
<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
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</tr>
<tr>
<td>1C. SF-424 Application Details</td>
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</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/27/2019</td>
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</tbody>
</table>

Applicant: One Roof
Project: Coordinated Assessment FY2019

AL-500
171527
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
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<tr>
<td>1H. HUD-50070</td>
<td>08/27/2019</td>
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<td>1I. Cert. Lobbying</td>
<td>08/27/2019</td>
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<tr>
<td>1J. SF-LLL</td>
<td>08/27/2019</td>
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<tr>
<td>Recipient Performance</td>
<td>09/13/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/27/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
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<td>2A. Subrecipients</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/27/2019</td>
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<tr>
<td>3B. Description</td>
<td>09/13/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>09/13/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
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</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
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</tr>
<tr>
<td>7B. Certification</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>09/13/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SÄM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
   2. Type of Application: Renewal Project Application
   
   If "Revision", select appropriate letter(s):
   If "Other", specify:
   3. Date Received: 09/04/2019

4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: AL0005

   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of 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
   X

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: One Roof
   b. Employer/Taxpayer Identification Number (EIN/TIN): 63-1051908

c. Organizational DUNS: 189760254

   PLUS 4

d. Address
   Street 1: 1515 6th Avenue South
   Street 2: 
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip / Postal Code: 35233

   Organizational DUNS: 189760254

   PLUS 4

e. Organizational Unit (optional)
   Department Name:
   Division Name:

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mrs.
   First Name: Jeri
   Middle Name:
   Last Name: Tindal
   Suffix:
   Title: HMIS Coordinator
   Organizational Affiliation: One Roof
   Telephone Number: (205) 254-8833
Extension: 115
Fax Number: (205) 502-4600
Email: jeri@oneroofonline.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant’s Project: HMIS Renewal FY2019

16. Congressional District(s):
   a. Applicant: AL-003, AL-007, AL-006
      (for multiple selections hold CTRL key)
   b. Project: AL-003, AL-007, AL-006
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 02/01/2020
   b. End Date: 03/01/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Michelle
Middle Name:
Last Name: Farley
Suffix:
Title: Executive Director
Telephone Number: (205) 254-8833
(Format: 123-456-7890)
Fax Number: (205) 502-4600
(Format: 123-456-7890)
Email: michelle@oneroofonline.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/04/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: One Roof
   Prefix: Ms.
   First Name: Michelle
   Middle Name: 
   Last Name: Farley
   Suffix:
   Title: Executive Director

   Organizational Affiliation: One Roof

   Telephone Number: (205) 254-8833
   Extension: 114

   Email: michelle@oneroofonline.org
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip/Postal Code: 35233

2. Employer ID Number (EIN): 63-1051908

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $282,480.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity: HMIS Renewal FY2019 1515 6th Avenue South Birmingham Alabama

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

**Part I Threshold Determinations**

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

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

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Part III Interested Parties**

You must disclose:

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a</th>
<th>Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td></td>
<td>Page 10</td>
<td></td>
<td>09/26/2019</td>
</tr>
<tr>
<td>Reportable financial interest in the project or activity (For individuals, give the last name first)</td>
<td>or Employee ID No.</td>
<td>Participation in Project/Activity ($)</td>
<td>in Project/Activity (%)</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Certification**

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

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

I AGREE: X

**Name / Title of Authorized Official:** Michelle Farley, Executive Director

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

**Date Signed:** 08/30/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: One Roof
Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees —-
   (1) The dangers of drug abuse in the workplace
   (2) The Applicant's policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —-
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted —
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate.

X

Renewal Project Application FY2019 Page 12 09/26/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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

Authorized Representative

Prefix: Ms.  
First Name: Michelle  
Middle Name:  
Last Name: Farley  
Suffix:  
Title: Executive Director  
Telephone Number: (205) 254-8833  
(Format: 123-456-7890)  
Fax Number: (205) 502-4600  
(Format: 123-456-7890)  
Email: michelle@oneroofonline.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.  
Date Signed: 09/04/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

Applicant’s Organization: One Roof

Name / Title of Authorized Official: Michelle Farley, Executive Director

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

Date Signed: 09/04/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

Legal Name: One Roof
Street 1: 1515 6th Avenue South
Street 2: 
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip / Postal Code: 35233

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Ms.

First Name: Michelle

Middle Name: 

Last Name: Farley

Suffix: 

Title: Executive Director

Telephone Number: (205) 254-8833
(Format: 123-456-7890)

Fax Number: (205) 502-4600
(Format: 123-456-7890)

Email: michelle@oneroofonline.org

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

Date Signed: 09/04/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
## Recipient Performance

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
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. Yes

2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application? Stand-Alone Renewal Expansion

2a. Input the name and grant number of the combined renewal expansion

Combined Renewal Expansion Project Name: HMIS Combined Grant FY2019

combined Renewal Expansion PIN Number: AL0005
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AL0005
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

2b. CoC Collaborative Applicant Name: One Roof

3. Project Name: HMIS Renewal FY2019

4. Project Status: Standard

5. Component Type: HMIS

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

One Roof (OR) administers both the AL500 CoC and the multi-CoC implementation covering 61 counties in AL & 4 counties in NW FL. Our local CoC comprises 40 agencies using a single HMIS to equip nearly 250 trained users to record data for over 80 programs. OR conducts training for new/returning users & agency admins & holds quarterly HMIS agency admin meetings. HMIS produces all HUD-required reports & users are trained to produce these reports. The purpose of this project is to generate an unduplicated count of individuals experiencing homelessness, to facilitate Coordinated Assessment & data sharing between agencies within the same CoC & across the implementation, including information needed to prevent & end homelessness. OR requires immediate data entry of all UDEs. Entries after 24 hours are out of compliance.

OR operates under both Continuum- & implementation-wide HMIS policies & procedures. OR frequently assists other implementation CoCs with meetings & training to improve statewide data quality & assure consistent system usage. Annually OR partners with B’ham VA Med Center, local municipalities, & over 50 agencies to host Project Homeless Connect (PHC). PHC, which also serves as the VA Stand Down, utilizes HMIS for data collection & reporting. Because of the CoC benefits provided by HMIS, CoC support is needed. One Roof has not been successful in generating funding from the community for HMIS. Monthly, OR generates, reviews, & distributes to agencies various data quality & outcomes reports. Agencies review & correct those reports. We also monitor user logins and licenses. Because OR has less than 5% missing UDEs, OR utilizes HMIS to complete the sheltered portion of the PIT. OR partners with local universities, municipalities & nonprofits to analyze HMIS statistics to identify community trends to assist with short & long-term planning by the CoC & govt entities. OR continuously seeks to add reports for non-CoC providers, including United Way, church groups, & Veteran’s Admin so that HMIS has greater relevance to partner agencies & employee reporting time is efficient. To meet the growing demands of this program, OR was awarded an expansion grant and would like to continue with the 6 HMIS-dedicated staff members plus the additional space and technology required.

OR's team will continue to train new users and assist agencies with identifying data problems and resolution. Trainers go to agencies to assist in developing the most efficient workflow, train HMIS users in their own agencies, follow up with retraining as necessary, and other required training during the year. We now have one FTE dedicated to entering data for programs that lack resources to provide data for HMIS. Being able to provide support removes their reason...
for not participating. We need good data for HUD compliance and planning purposes. These agencies serve specific subpopulations and the CoC needs that data to get an accurate picture of our homeless population.

2. Does your project have a specific population focus? No
4A. HMIS Standards

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1a. Is the HMIS currently programmed to collect all required Data Elements as set forth in the 2017 HMIS Data Standards? Yes

1b. If no, explain why and the planned steps for compliance. Max. 500 characters

NA

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). Yes

2b. If no, explain why and the planned steps for compliance. Max. 500 characters

NA

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

3b. If no, explain why and the planned steps for achieving this. Max. 500 characters

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? Yes
5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners?  Yes

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?  Yes

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

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)  Yes

a. How long does it take to remove access rights to former HMIS users?  Within 24 hours
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - HMIS X
6D. 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: | $70,620 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $70,620 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Unrestricted fund...</td>
<td>07/31/2019</td>
<td>$70,620</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Unrestricted funds/membership dues
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/31/2019

6. Value of Written Commitment: $70,620
6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select “Make Changes” in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$260,400</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$260,400</td>
</tr>
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<td>7. Admin (Up to 10%)</td>
<td>$22,080</td>
</tr>
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<td>8. Total Assistance plus Admin Requested</td>
<td>$282,480</td>
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<td>9. Cash Match</td>
<td>$70,620</td>
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<td>11. Total Match</td>
<td>$70,620</td>
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<td>12. Total Budget</td>
<td>$353,100</td>
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</table>

Applicant: One Roof
Project: HMIS Renewal FY2019
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
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<tbody>
<tr>
<td>1) Subrecipient Nonprofit</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Match Letter 2018</td>
<td>08/31/2018</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter 2018

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

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

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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**  
Michelle Farley

**Date:** 09/04/2019

**Title:** Executive Director

**Applicant Organization:** One Roof
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by
the applicant to submit this Applicant
Certification and to ensure compliance. I am
aware that any false, fictitious, or fraudulent
statements or claims may subject me to
criminal, civil, or administrative penalties.
(U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active
System for Award Management (SAM)
registration as required by 2 CFR 200.300(b)
at the time of project application submission
to HUD and will ensure this SAM registration
will be renewed annually to meet this
requirement.
Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.
   Submit without changes

The applicant has selected “Submit without changes” to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select “Make changes” above and update the relevant project information.
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/30/2019</td>
</tr>
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<td>1B. SF-424 Legal Applicant</td>
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<tr>
<td>1C. SF-424 Application Details</td>
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<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/30/2019</td>
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<tr>
<td>1G. HUD-2880</td>
<td>08/30/2019</td>
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<tr>
<td>1H. HUD-50070</td>
<td>08/30/2019</td>
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<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------</td>
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<tr>
<td>1. Cert. Lobbying</td>
<td>08/30/2019</td>
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<tr>
<td>1J. SF-LLL</td>
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<td>Recipient Performance</td>
<td>08/30/2019</td>
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<td>Renewal Expansion</td>
<td>09/04/2019</td>
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<td>2A. Subrecipients</td>
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<td>3A. Project Detail</td>
<td>08/30/2019</td>
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<tr>
<td>3B. Description</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>4A. HMIS Standards</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/30/2019</td>
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<tr>
<td>6D. Match</td>
<td>08/30/2019</td>
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<tr>
<td>6E. Summary Budget</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>08/30/2019</td>
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<tr>
<td>7B. Certification</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/30/2019</td>
</tr>
</tbody>
</table>
August 31, 2018

To Whom It May Concern:

One Roof is committed to a successful HMIS Consolidation Grant for AL500. As such, One Roof will provide at least $70,620 in match for the 2018 HMIS Consolidation Project. The agency intent is to utilize unrestricted One Roof membership fees for cash match. We hereby pledge at least $70,620 in total match.

Sincerely,

Michelle Farley, One Roof

Executive Director
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
If "Other", specify:
3. Date Received: 08/06/2019

4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: AL0021

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of 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. SF-424 Legal Applicant

8. Applicant
 a. Legal Name: Jefferson-Blount-St. Clair Mental Health Authority
 b. Employer/Taxpayer Identification Number (EIN/TIN): 63-0592183

c. Organizational DUNS: 077653509 PLUS 4

d. Address
 Street 1: 940 Montclair Road
 Street 2: Suite 200
 City: Birmingham
 County: Jefferson
 State: Alabama
 Country: United States
 Zip / Postal Code: 35213

e. Organizational Unit (optional)
 Department Name: Mental Illness Residential
 Division Name:

f. Name and contact information of person to be contacted on matters involving this application
 Prefix: Mr.
 First Name: James
 Middle Name: A.
 Last Name: Crego
 Suffix:
 Title: Associate Director
 Organizational Affiliation: Jefferson-Blount-St. Clair Mental Health Authority
 Telephone Number: (205) 443-2226
Extension: 226
Fax Number: (205) 592-3539
Email: jcrego@jbsmha.com
1C. SF-424 Application Details

9. Type of Applicant:  N. Nonprofit without 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance
   Title:  CoC Program
   CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6300-N-25
   Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (State(s) only): Alabama
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: REACT Supportive Housing FY19

16. Congressional District(s):
   a. Applicant: AL-007, AL-006
      (for multiple selections hold CTRL key)
   b. Project: AL-007, AL-006
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 08/01/2020
   b. End Date: 07/31/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

   If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Dr.
First Name: Richard
Middle Name:
Last Name: Craig
Suffix: Ph.D
Title: Executive Director

Telephone Number: (205) 595-4555
(Format: 123-456-7890)
Fax Number: (205) 592-3539
(Format: 123-456-7890)

Email: rcraig@bsmha.com

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

Date Signed: 08/06/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Jefferson-Blount-St. Clair Mental Health Authority
   Prefix: Dr.
   First Name: Richard
   Middle Name: 
   Last Name: Craig
   Suffix: Ph.D
   Title: Executive Director
   Organizational Affiliation: Jefferson-Blount-St. Clair Mental Health Authority
   Telephone Number: (205) 595-4555
   Extension: 227
   Email: rcraig@jbsmha.com
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip/Postal Code: 35213

2. Employer ID Number (EIN): 63-0592183

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $596,024.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

REACT Supportive Housing FY19 940 Montclair Road Birmingham Alabama

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

---

**Part I Threshold Determinations**

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

Yes

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

Yes

---

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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<td>Medicaid/PO Box 244032, Montgomery, AL</td>
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<td>63000.0</td>
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<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

---

**Part III Interested Parties**

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
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</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>09/26/2019</td>
<td></td>
</tr>
<tr>
<td>Reportable Financial Interest in the Project or Activity (For Individuals, give the last name first)</td>
<td>or Employee ID No.</td>
<td>Participation in Project/Activity ($)</td>
<td>Participation in Project/Activity (%)</td>
</tr>
<tr>
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<tr>
<td>NA</td>
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<td>$0.00</td>
</tr>
</tbody>
</table>

**Certification**

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

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

I AGREE: X

**Name / Title of Authorized Official:** Richard Craig, Executive Director

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

**Date Signed:** 08/02/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Jefferson-Blount-St. Clair Mental Health Authority

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---
   (1) The dangers of drug abuse in the workplace
   (2) The Applicant's policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

Sites for Work Performance.

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

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I

X

Renewal Project Application FY2019 Page 12 09/26/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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

Authorized Representative

Prefix: Dr.
First Name: Richard
Middle Name
Last Name: Craig
Suffix: Ph.D
Title: Executive Director

Telephone Number: (205) 595-4555
(Format: 123-456-7890)
Fax Number: (205) 592-3539
(Format: 123-456-7890)

Email: rcraig@jbsmha.com

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/06/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

Applicant’s Organization: Jefferson-Blount-St. Clair Mental Health Authority

Name / Title of Authorized Official: Richard Craig, Executive Director

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

Date Signed: 08/06/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

Answer “No” if your organization is NOT engaged in lobbying.

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

Legal Name: Jefferson-Blount-St. Clair Mental Health Authority
Street 1: 940 Montclair Road
Street 2: Suite 200
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip / Postal Code: 35213

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

I certify that this information is true and complete. X

Applicant: Jefferson-Blount-St. Clair Mental Health/Mental Retardation Authority 07-765-3509
Project: REACT Supportive Housing FY19 175119

Renewal Project Application FY2019 Page 16 09/26/2019
Authorized Representative

Prefix: Dr.
First Name: Richard
Middle Name:
Last Name: Craig
Suffix: Ph.D
Title: Executive Director

Telephone Number: (205) 595-4555
(Format: 123-456-7890)
Fax Number: (205) 592-3539
(Format: 123-456-7890)

Email: rcraig@jbsmha.com

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/06/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

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
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GiW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? No

   "If "No" click on "Next" or "Save & Next" below to move to the next screen."
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AL0021
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

2b. CoC Collaborative Applicant Name: One Roof

3. Project Name: REACT Supportive Housing FY19

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Does this project include Replacement Reserves? No
3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

This project provides permanent supportive housing for 50 scattered site apartment units for chronically homeless persons with serious mental illnesses utilizing the evidence based practices of Housing First and Assertive Community Treatment (ACT).

Program participants are chronically homeless, seriously mentally ill, predominantly male individuals within the City of Birmingham and Jefferson County area. We will work with the UAB Community Mental Health Center’s REACT Program and employ a Housing First approach when initially recruiting and admitting participants into the program and providing mental health service delivery, supportive services, and administration of this program utilizing the evidence based practice of ACT.

The REACT Program is a multi-disciplinary service delivery and treatment team including a full time psychiatrist, master’s level psychiatric social workers, psychiatric registered nurses, master’s level social workers in substance abuse and employment, bachelor’s level case managers, and a bachelor’s level peer specialist. REACT assists the most vulnerable homeless individuals to achieve housing stability, thus improving psychiatric stability. Additionally, REACT assists participants in accessing all applicable mainstream benefits to which individuals are entitled to increase income and support the participants’ tenure in the community. REACT staff are available to program participants 24 hours per day, seven days a week. Staff also serve as a liaison with the landlord to address any issues before they get to a point where a participant could be evicted.

Program participants pay for rent and utilities at a rate of 30% of their net income. The grant subsidizes any remaining portion of the rent and utility cost.

REACT partners in outreach with various local agencies such as the Salvation Army, Firehouse, and First Light shelters, other mental health service providers, police departments, and jails to identify and engage potential participants. We partner with legal aid and the newly created homeless court provides, in addition to outreach and identification of potential clients, for legal support to participants. When participants’ substance abuse treatment needs exceed the capacity of the team, REACT partners with outside substance abuse treatment facilities, including Fellowship House and Aletheia House, for intensive outpatient as well as residential or inpatient treatment. The program partners
with Vocational Rehabilitation Services to address vocational needs and access resources available only through this provider. Additionally, REACT partners with medical and dental providers, including Christ Health Center, to provide an array of primary and specialty medical outpatient services and dentistry.

Goals for the effort include 86% of participants remaining in permanent housing and maintaining their total income as of the end of the operating year.

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

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

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>Other (Click 'Save' to update)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  Yes
3C. Dedicated Plus

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

1. experience chronic homelessness as defined in 24 CFR 578.3;
2. residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
3. residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
4. residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
5. residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
6. receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA’s homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

**Click 'Save' to update.**

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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

### 3. Do project participants have access to

**Yes**
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Total Units:</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Beds:</td>
<td>50</td>
</tr>
<tr>
<td>Total Dedicated CH Beds:</td>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>---</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

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

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 50
   b. Beds: 50

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?

   50

   This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:

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

   Street 1: 940 Montclair Road
   Street 2: 
   City: Birmingham
   State: Alabama
   ZIP Code: 35213

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

   010228 Birmingham, 019073 Jefferson County
5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households</td>
<td></td>
<td></td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>50</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>Characteristics</td>
<td>Persons in Households with at Least One Adult and One Child</td>
<td>Adult Persons in Households without Children</td>
<td>Persons in Households with Only Children</td>
<td>Total</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>50</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>50</td>
<td>0</td>
<td>50</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>50</td>
<td>7</td>
<td>5</td>
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<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

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<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Unaccompanied Children under age 18</td>
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<td>0</td>
<td>0</td>
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</tbody>
</table>
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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?  Yes

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Leased Units  X
   - Leased Structures
   - Rental Assistance
   - Supportive Services  X
   - Operating  X
   - HMIS

Applicant: Jefferson-Blount-St. Clair Mental Health/Mental Retardation Authority  07-765-3509
Project: REACT Supportive Housing FY19  175119

[Signature]
6B. Leased Units Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select “Make Changes” in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL - Birmingham-H...</td>
<td>50</td>
<td>$414,799</td>
<td>$414,799</td>
</tr>
</tbody>
</table>

- Total Annual Assistance Requested: $414,799
- Grant Term: 1 Year
- Total Request for Grant Term: $414,799
- Total Units: 50
Leased Units Budget Detail

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

Metropolitan or non-metropolitan fair market rent area: AL - Birmingham-Hoover, AL HUD Metro FMR Area (0100799999)

### Leased Units Annual Budget

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td>50</td>
<td>$414,799</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grant Term</th>
<th>Total Request for Grant Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Year</td>
<td>$414,799</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6D. 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

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$90,000</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$47,622</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$137,622</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

Program income included in the match commitments includes rental income from program participants. The program income dollars ($90,000) are based on rental income from the prior year.

1b. Estimate the amount of program income that will be used as Match for this project: $90,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>REACT Program Med...</td>
<td>07/26/2019</td>
<td>$47,622</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Program income - rent</td>
<td>07/26/2019</td>
<td>$90,000</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: REACT Program Medicaid reimbursement
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/26/2019
6. Value of Written Commitment: $47,622

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Program income -rent
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/26/2019
6. Value of Written Commitment: $90,000
6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$414,799</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$93,647</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$55,048</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$563,494</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$32,530</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$596,024</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$90,000</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$47,622</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$137,622</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$733,646</td>
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## 7A. Attachment(s)

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<th>Document Type</th>
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<th>Date Attached</th>
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<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
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<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
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</tr>
<tr>
<td>3) Other Attachment</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
### 7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Applicant:** Jefferson-Blount-St. Clair Mental Health/Mental Retardation Authority  
**Project:** REACT Supportive Housing FY19
Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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: Richard Craig

Date: 08/06/2019

Title: Executive Director

Applicant Organization: Jefferson-Blount-St. Clair Mental Health Authority
PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.

Submit without changes

The applicant has selected “Submit without changes” to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select “Make changes” above and update the relevant project information.
8B Submission Summary

| Applicant: Jefferson-Blount-St. Clair Mental Health/Mental Retardation Authority | 07-765-3509 |
| Project: REACT Supportive Housing FY19 | 175119 |

<table>
<thead>
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<td>08/02/2019</td>
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<tr>
<td>1B. SF-424 Legal Applicant</td>
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Renewal Project Application FY2019 | Page 48 | 09/26/2019
<table>
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<td>1E. SF-424 Compliance</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/02/2019</td>
</tr>
<tr>
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<td>1H. HUD-50070</td>
<td>08/02/2019</td>
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<td>1J. SF-LLL</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/02/2019</td>
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<td>3A. Project Detail</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
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<td>5B. Subpopulations</td>
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<tr>
<td>6B. Leased Units</td>
<td>08/02/2019</td>
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<td>6D. Match</td>
<td>08/02/2019</td>
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<td>6E. Summary Budget</td>
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<tr>
<td>7A. Attachment(s)</td>
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<tr>
<td>7A. In-Kind Match MOU Attachment</td>
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<tr>
<td>7B. Certification</td>
<td>08/02/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/05/2019</td>
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</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission:
2. Type of Application: New Project Application
   If Revision, select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/23/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: First Light, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 63-1197189

<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
<th>054334367</th>
<th>PLUS 4:</th>
</tr>
</thead>
</table>

d. Address
   Street 1: 2230 4th Avenue North
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip / Postal Code: 35203

<table>
<thead>
<tr>
<th>e. Organizational Unit (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Name:</td>
</tr>
<tr>
<td>Division Name:</td>
</tr>
</tbody>
</table>

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Ruth
   Middle Name: Griffin
   Last Name: Crosby
   Suffix: 
   Title: Executive Director
   Organizational Affiliation: First Light, Inc.
   Telephone Number: (205) 323-4277
Extension:
Fax Number:  (205) 323-8362
Email: ruth.crosby@firstlightshelter.org

Applicant: First Light, Inc.
Project: TRIO PSH Expansion FY2019
9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant’s Project: TRIO PSH Expansion FY2019

16. Congressional District(s):
   a. Applicant: AL-007, AL-006
   b. Project: AL-007
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Ruth
Middle Name: Griffin
Last Name: Crosby
Suffix:
Title: Executive Director
Telephone Number: (205) 323-4277
(Format: 123-456-7890)
Fax Number: (205) 323-8362
(Format: 123-456-7890)
Email: ruth.crosby@firstlightshelter.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: First Light, Inc.
Prefix: Ms.
First Name: Ruth
Middle Name: Griffin
Last Name: Crosby
Suffix:
Title: Executive Director

Organizational Affiliation: First Light, Inc.
Telephone Number: (205) 323-4277
Extension: 228
Email: ruth.crosby@firstlightshelter.org
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip/Postal Code: 35203

2. Employer ID Number (EIN): 63-1197189

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $100,000.00
5. State the name and location (street address, City and State) of the project or activity.

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

Part I Threshold Determinations

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

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

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

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

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

I AGREE: 

Name / Title of Authorized Official: Ruth Crosby, Executive Director

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

Date Signed: 09/23/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: First Light, Inc.
Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees:
   (1) The dangers of drug abuse in the workplace
   (2) The Applicant’s policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will:
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted:
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs a. thru f.

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

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

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

Authorized Representative

Prefix: Ms.
First Name: Ruth
Middle Name: Griffin
Last Name: Crosby
Suffix: 
Title: Executive Director
Telephone Number: (205) 323-4277
(Format: 123-456-7890)
Fax Number: (205) 323-8362
(Format: 123-456-7890)
Email: ruth.crosby@firstlightshelter.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

Applicant’s Organization: First Light, Inc.

Name / Title of Authorized Official: Ruth Crosby, Executive Director

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

Date Signed: 09/23/2019
DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

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

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

Answer “No” if your organization is NOT engaged in lobbying.

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

Legal Name: First Light, Inc.
Street 1: 2230 4th Avenue North
Street 2: 
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip / Postal Code: 35203

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Ms.
First Name: Ruth
Middle Name: Griffin
Last Name: Crosby
Suffix:
Title: Executive Director
Telephone Number: (205) 323-4277
(Format: 123-456-7890)
Fax Number: (205) 323-8362
(Format: 123-456-7890)
Email: ruth.crosby@firstlightshelter.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
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.

<table>
<thead>
<tr>
<th>Total Expected Sub-Awards:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
</tr>
<tr>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

First Light, Inc., is a nonprofit agency incorporated in 1998 to work with homeless women and homeless women with children. Over 1000 guests were served last year in the emergency shelter. First Light has 5 HUD PSH programs that serve women with disabilities, including mental health, physical/medical disabilities and some developmental disabilities. First Light works with the local PHA and is able to provide housing to women and to provide them with life skills, case management and skills that will increase their level of self-sufficiency through Shelter Plus Care. First Light works with community partners to assist program participants in receiving medical services, mental health services, job assistance, and to meet other needs as identified by the participants. First Light has established a very positive relationship in the community working with agencies and other organizations. While First Light was incorporated to serve homeless women and women with children, we responded to the needs of the Continuum, and several years ago began to offer our exemplary services to men, those who identify as transgender, and those who are gender nonconforming.

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

First Light understands the importance of leverage and matching dollars and is experienced in providing both to each grant program we apply for and receive. Every grant received by First Light is used to leverage additional funding from other sources to expand the scope of funding. The Agency effectively and efficiently manages each grant awarded and our auditing and grant review records document the fact. First Light has successfully engaged financial support and volunteer hours from individuals, families, foundations, corporations, and churches to match Emergency Shelter Grants (ESG), Community Development Block Grants (CDBG), and Emergency Solutions Grant Assistance from the Alabama Department of Economic and Community Affairs (ADECA) through the City of Birmingham as well as Emergency Solutions Grants through Jefferson County to support First Light’s emergency shelter. First Light recently completed a program funded by a grant from the United States Department of Justice to provide transitional supportive housing for victims of domestic violence with no income. It was the only transitional housing in our community for victims of domestic violence with no income. Community support, including a recent grant of $80,000 from Navigate Housing Authority Trust, provides matching funds for First Light’s Shelter Plus Care program through which First Light screens, selects, and provides case management for families and individuals receiving housing vouchers from the Jefferson County Housing Authority. In 2018, First Light was awarded a grant
from HUD to provide rapid re-housing to homeless low-income individuals and families from throughout the community. Matching funds are provided by the Community Foundation of Greater Birmingham and through unrestricted funding received from individuals, corporations, foundations, and churches. Without leveraging volunteer labor our impact would be greatly reduced. Last year, First Light recorded over 1,000 volunteer hours. Volunteer time can be attributed to spending the night in the emergency shelter, providing meals for over 70 people every night, doing projects around the shelter, providing medical and dental services to our guest as well. Without volunteer contribution, the agency would not be able to provide many of the resources that we provide daily to our guest. Exceptional case management and supportive care are the hallmarks of First Light’s success. First Light’s outstanding professionals provide high-quality, effective services that helps to keep the homeless off the streets and helps them build a better quality of life. This level of service is the hallmark of First Light’s social services staff, which works collaboratively with many agencies and organizations and takes a two-generation approach so every member of the family gets the services and treatment they need and any government benefits to which they may be entitled.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

First Light, Inc reliably records expenditures and draws down funds, as guidelines require. Participation in eLOCCS and the Integrated Disbursement and Information System (IDIS) allows First Light to draw down funding and report accomplishments to HUD, thereby ensuring that all grant funds are being used appropriately, effectively and in a timely manner. A comprehensive system of internal checks and balances assure the efficient operation of the agency. First Light, Inc., is audited by all funding sources, including U.S. Department of Housing and Urban Development, City of Birmingham, Jefferson County and many others and allow each funder prompt and full access to financial, program, and management records and documents as needed for program and fiscal monitoring and oversight. First Light, Inc., completes an annual external audit for the purposes of providing an outside opinion on the consolidated financial statements and controlled organizations as a whole. This audit provides substantial tests of compliance with Government Auditing Standards and investigates for adequate levels of internal control measures. The external audit also provides the schedule of expenditures of federal awards for additional analysis as required by the U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. The audit includes HUD standards relating to leasing, property management, and housing maintenance and repair expenditures.

In accordance with Government Auditing Standards, First Light, Inc., maintains internal control measures over all financial reporting in compliance with certain provisions of law, regulations, contracts, grant agreements, and other matters in order to ensure reliable financial reporting, effective and efficient operations, and the safeguarding of assets against theft or unauthorized use, acquisition, or disposal. Internal control measures include the segregation of duties, proper authorization of activities, adequate
documentation, physical control over assets and records, and independent review. All bank statements and credit card reconciliations are opened and examined by the Executive Director before these statements are forwarded to the Accounting Department for processing. First Light is governed by a 14 members plus two Ex Officio volunteer Board of Directors that generally oversee operations under the day to day direction of the Director. The Board of Directors meets 6 times annually in addition to the meetings with the Executive Board Members. Meetings with the board President are held almost monthly. First Light also has a Junior Board that sponsors a yearly fundraiser raising over 75,000 a year.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?  No
3A. Project Detail

1a. CoC Number and Name:  AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

1b. CoC Collaborative Applicant Name:  One Roof

2. Project Name:  TRIO PSH Expansion FY2019

3. Project Status:  Standard

4. Component Type:  PH

4a. Will the PH project provide PSH or RRH?  PSH

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).  No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?  X

8. Does this project include Replacement Reserves?  No
3B. Project Description

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

This 5 bed project will provide permanent supportive housing to vulnerable homeless women with documented disabilities in a scattered site apartment dwelling. Potential clients are identified through Coordinated Assessment. As appropriate for each participant, the social worker may provide transportation to and from medical appointments, assistance with job searches, evaluate compliance with prescribed medications and provide any services as needed. All participants are assessed for their ability to pay rent. This is a low barrier program, so no participant is denied participation in the program because of lack of resources or inability to pay rent. A social worker makes certain that participation is voluntary, but heavily encouraged, in wraparound services that are provided for each woman as she transitions from the emergency shelter/streets into this permanent housing program. The participants receive intensive case management and work with the social worker on goals identified by the client. All participants are strongly encouraged to apply for mainstream benefits for which they are eligible. Those participants who are not employed are encouraged to access job skill programs and work to increase job skills so that they can gain employment. Because one of the goals is for clients to become independent, participants are encouraged to use the bus system for transportation. Education and modeling of the bus system is provided when needed. First Light works with multiple community partners to assist clients with reaching their goals, whether it be medical, mental health, counseling, or referrals to job training programs. By providing access to these services a person is able to live independently therefore achieving their full potential.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>New project staff hired, or other project expenses begin?</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

New Project Application FY2019 | Page 23 | 09/26/2019
Participant enrollment in project begins? 60
Participants begin to occupy leased units or structure(s), and supportive services begin? 60
Leased or rental assistance units or structure, and supportive services near 100% capacity? 240
Closing on purchase of land, structure(s), or execution of structure lease?
Rehabilitation started?
Rehabilitation completed?
New construction started?
New construction completed?

3. Will your project participate in a CoC Coordinated Entry Process? Yes

* 4. Please identify the project's specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Other: physical/developmental disabilities

5. Housing First

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

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

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
</tbody>
</table>
c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

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

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but
the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;

(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;

(5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or

(6) receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above.
3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?  Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year's CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: AL0008
1b. Eligible Renewal Grant Project Name: TRIO-2019

2. Will this expansion project Increase the number of homeless persons served?  Yes

2a. Indicate how the project is proposing to "increase the number of homeless persons served."

<table>
<thead>
<tr>
<th>Current level of effort</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of persons served at a point-in-time</td>
<td>35</td>
</tr>
<tr>
<td># of units</td>
<td>35</td>
</tr>
<tr>
<td># of beds</td>
<td>35</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New effort</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of additional persons served at a point in time that this project will provide</td>
<td>5</td>
</tr>
<tr>
<td># of additional units this project will provide</td>
<td>5</td>
</tr>
<tr>
<td># of additional beds this project will provide</td>
<td>5</td>
</tr>
</tbody>
</table>

3. Will this Expansion Project bring additional supportive services to homeless persons?  Yes

3a. Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."

- Increase number of and/or expand variety of supportive services provided
- Increase frequency and/or intensity of supportive services

4. Will this expansion project bring existing facilities up to government health and safety standards?  No
4A. Supportive Services for Participants

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

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

X

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

This is a Housing First program and all participants will be offered services. The case manager will make certain to heavily encourage the program participants to participate in voluntary wraparound services as they transition from the emergency shelter/streets into this permanent housing program. The participants will receive intensive case management and work with the case manager on goals identified by the participant. All participants will be assessed for programs that can increase their income if they are able to work. As appropriate for each participant, the case manager may provide transportation to and from medical appointments, assistance with job search, evaluate compliance with prescribed medications and provide any services as needed. All participants will be assessed for their ability to pay rent. This will be a low barrier program, so no participant will be denied participation in the program because of lack of resources or inability to pay rent.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Participants will be referred to job training programs that are geared towards those with disabilities, and those agencies are experienced with the particular barriers that people experiencing homelessness have. Should clients be unable to work, they will be encouraged to find fulfilling volunteer opportunities with our partner agency, Hands on Birmingham for special projects, or with like agencies on a regular basis so as to feel connected to their community. All participants
will be strongly encouraged to apply for mainstream benefits for which they are eligible. First Light works with multiple community partners to assist participants with helping participants reach their goals, whether it be medical, mental health, counseling, or referrals to job training programs.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

6a. Has the staff person providing the

technical assistance completed SOAR training in the past 24 months.
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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Total Units: 5
Total Beds: 5
Total Dedicated CH Beds: 5
4B. Housing Type and Location Detail

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

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  5
   b. Beds:  5

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless?
   This includes both the “dedicated” and “prioritized” beds.
   5

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

   Street 1:  316 Valley Crest Lane
   Street 2:  
   City:  Birmingham
   State:  Alabama
   ZIP Code:  35209

*5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
   (for multiple selections hold CTRL key)
   019073 Jefferson County
## 5A. Project Participants - Households

### Households Table

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Households</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>5</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>5</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project Participants - Subpopulations

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronicall y Homeless Non-Veterans</th>
<th>Chronicall y Homeless Veterans</th>
<th>Non-Chronicall y Homeless Veterans</th>
<th>Chronic Substanc e Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developm ental Disability</th>
<th>Persons not represent ed by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Click Save to automatically calculate totals**

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronicall y Homeless Non-Veterans</th>
<th>Chronicall y Homeless Veterans</th>
<th>Non-Chronicall y Homeless Veterans</th>
<th>Chronic Substanc e Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developm ental Disability</th>
<th>Persons not represent ed by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronicall y Homeless Non-Veterans</th>
<th>Chronicall y Homeless Veterans</th>
<th>Non-Chronicall y Homeless Veterans</th>
<th>Chronic Substanc e Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developm ental Disability</th>
<th>Persons not represent ed by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? Reallocation

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

4. Select a grant term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units X
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS X

6. If awarded, will this project require an initial grant term greater than 12 months? No
6C. Leased Units

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

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Assistance Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL - Birmingham-H...</td>
<td>5</td>
<td>$46,080</td>
<td>$46,080</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $46,080
Grant Term: 1 Year
Total Request for Grant Term: $46,080
Total Units: 5
### Instructions:

- **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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at [http://www.huduser.org/portal/datasets/fmr.html](http://www.huduser.org/portal/datasets/fmr.html).

- **Size of Units:** Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

- **# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested.

- **FMR:** These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

- **HUD Paid Rents:** This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

- **12 Months:** These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen “6A. Funding Request.”

- **Total Request:** This column populates with the total calculated amount from each row.

- **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 grant term selected on the "Funding Request" screen and will be read only.

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

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

Additional Resources can be found at the HUD Exchange: [https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources](https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources)

---

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

**Metropolitan or non-metropolitan fair market rent area:** AL - Birmingham-Hoover, AL HUD Metro FMR Area (0100799999)

---

### Leased Units Annual Budget

<table>
<thead>
<tr>
<th>New Project Application FY2019</th>
<th>Page 37</th>
<th>09/26/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leased Units Budget Detail</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Size of Units</td>
<td>Number of units (Applicant)</td>
<td>FMR (Applicant)</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>SRO</td>
<td>x</td>
<td>$519</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$692</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>5 x</td>
<td>$768</td>
</tr>
<tr>
<td>2 Bedroom</td>
<td>x</td>
<td>$882</td>
</tr>
<tr>
<td>3 Bedroom</td>
<td>x</td>
<td>$1,176</td>
</tr>
<tr>
<td>4 Bedroom</td>
<td>x</td>
<td>$1,315</td>
</tr>
<tr>
<td>5 Bedroom</td>
<td>x</td>
<td>$1,512</td>
</tr>
<tr>
<td>6 Bedroom</td>
<td>x</td>
<td>$1,710</td>
</tr>
<tr>
<td>7 Bedroom</td>
<td>x</td>
<td>$1,907</td>
</tr>
<tr>
<td>8 Bedroom</td>
<td>x</td>
<td>$2,104</td>
</tr>
<tr>
<td>9 Bedroom</td>
<td>x</td>
<td>$2,301</td>
</tr>
<tr>
<td>Total units and annual assistance requested:</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Grant term:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total request for grant term:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6F. Supportive Services Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1 cmgt @75% of time including salary and benefits</td>
<td>$32,420</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td>100.00 for food assistance x 5 per participant</td>
<td>$500</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>.50 mile x 1100 miles; 10 monthly buss passes 10@$45</td>
<td>$1,000</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td>$400 utility deposit x 5 participants</td>
<td>$2,000</td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$35,920</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6G. Operating

Instructions:

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

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Furniture</td>
<td>$1000 in furniture per 5 units</td>
<td>$5,000</td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td>$5,000</td>
<td></td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$5,000</td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. HMIS Budget

Instructions:

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

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

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Software</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Personnel</td>
<td>$5000: This is 5% of the total requested budget for personnel to enter data, check for data completeness and verify monthly HMIS reports</td>
<td>$5,000</td>
</tr>
<tr>
<td>5. Space &amp; Operations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $5,000
Grant Term: 1 Year
Total Request for Grant Term: $5,000

Click the 'Save' button to automatically calculate totals.
6l. 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

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$13,480</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$13,480</td>
</tr>
</tbody>
</table>

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>unrestricted fund...</td>
<td>08/09/2019</td>
<td>$13,480</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards match? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment:
   (Be as specific as possible and include the office or grant program as applicable)
   unrestricted funds from individual donations, program income, community donations, foundations and churches
5. Date of Written Commitment: 08/09/2019
6. Value of Written Commitment: $13,480
The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$46,080</td>
<td>1 Year</td>
<td>$46,080</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$35,920</td>
<td>1 Year</td>
<td>$35,920</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$5,000</td>
<td>1 Year</td>
<td>$5,000</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$5,000</td>
<td>1 Year</td>
<td>$5,000</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$92,000</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td></td>
<td></td>
<td>$8,000</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$100,000</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td></td>
<td></td>
<td>$13,480</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>12. Total Match</td>
<td></td>
<td></td>
<td>$13,480</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td></td>
<td></td>
<td>$113,480</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
# 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

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

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

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

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

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Ruth Crosby

**Date:** 09/23/2019

**Title:** Executive Director

**Applicant Organization:** First Light, Inc.

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

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

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**New Project Application FY2019**

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09/26/2019
statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
8B. Submission Summary

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

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>No Input Required</td>
</tr>
<tr>
<td>New Project Application FY2019</td>
<td>Page 50</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
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</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>6C. Leased Units</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6G. Operating</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>6H. HMIS Budget</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>6I. Match</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7D. Certification</td>
<td>08/14/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.)
1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application:  New Project Application

If Revision, select appropriate letter(s):

   If "Other", specify:

3. Date Received:  09/23/2019

4. Applicant Identifier:

   5a. Federal Entity Identifier:

   6. Date Received by State:

   7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: First Light, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 63-1197189
   c. Organizational DUNS: 054334367
   PLUS 4:
   d. Address
      Street 1: 2230 4th Avenue North
      Street 2:
      City: Birmingham
      County: Jefferson
      State: Alabama
      Country: United States
      Zip / Postal Code: 35203
   e. Organizational Unit (optional)
      Department Name:
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Ruth
      Middle Name: Griffin
      Last Name: Crosby
      Suffix:
      Title: Executive Director
      Organizational Affiliation: First Light, Inc.
      Telephone Number: (205) 323-4277
Extension:
Fax Number: (205) 323-8362
Email: ruth.crosby@firstlightshelter.org
1C. SF-424 Application Details

9. Type of Applicant:  M. Nonprofit with 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance  
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number:  FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant’s Project: TRIO PSH Expansion FY2019

16. Congressional District(s):
   a. Applicant: AL-007, AL-006
   b. Project: AL-007
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($) 
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No
   If "YES," provide an explanation:
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: X

21. Authorized Representative
Prefix: Ms.
First Name: Ruth
Middle Name: Griffin
Last Name: Crosby
Suffix:
Title: Executive Director
Telephone Number: (205) 323-4277
(Format: 123-456-7890)
Fax Number: (205) 323-8362
(Format: 123-456-7890)
Email: ruth.crosby@firstlightshelter.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: First Light, Inc.
   Prefix: Ms.
   First Name: Ruth
   Middle Name: Griffin
   Last Name: Crosby
   Suffix: 
   Title: Executive Director

   Organizational Affiliation: First Light, Inc.

   Telephone Number: (205) 323-4277
   Extension: 228
   Email: ruth.crosby@firstlightshelter.org
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip/Postal Code: 35203

2. Employer ID Number (EIN): 63-1197189

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $100,000.00
5. State the name and location (street address, City and State) of the project or activity.

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

Part I Threshold Determinations

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

   Yes

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

   Yes

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Ruth Crosby, Executive Director

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

Date Signed: 09/23/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: First Light, Inc.
Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---
   (1) The dangers of drug abuse in the workplace
   (2) The Applicant’s policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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

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

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

Authorized Representative

Prefix: Ms.
First Name: Ruth
Middle Name: Griffin
Last Name: Crosby
Suffix:
Title: Executive Director

Telephone Number: (205) 323-4277
(Format: 123-456-7890)
Fax Number: (205) 323-8362
(Format: 123-456-7890)
Email: ruth.crosby@firstlightshelter.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

Applicant’s Organization: First Light, Inc.

Name / Title of Authorized Official: Ruth Crosby, Executive Director

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

Date Signed: 09/23/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: First Light, Inc.
Street 1: 2230 4th Avenue North
Street 2:
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip / Postal Code: 35203

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

I certify that this information is true and complete. X

Applicant: First Light, Inc. 054334367
Project: TRIO PSH Expansion FY2019 177123

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09/26/2019
Authorized Representative

Prefix: Ms.
First Name: Ruth
Middle Name: Griffin
Last Name: Crosby
Suffix:
Title: Executive Director
Telephone Number: (205) 323-4277
(Format: 123-456-7890)
Fax Number: (205) 323-8362
(Format: 123-456-7890)
Email: ruth.crosby@firstlightshelter.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

First Light, Inc., is a nonprofit agency incorporated in 1998 to work with homeless women and homeless women with children. Over 1000 guests were served last year in the emergency shelter. First Light has 5 HUD PSH programs that serve women with disabilities, including mental health, physical/medical disabilities and some developmental disabilities. First Light works with the local PHA and is able to provide housing to women and to provide them with life skills, case management and skills that will increase their level of self-sufficiency through Shelter Plus Care. First Light works with community partners to assist program participants in receiving medical services, mental health services, job assistance, and to meet other needs as identified by the participants. First Light has established a very positive relationship in the community working with agencies and other organizations. While First Light was incorporated to serve homeless women and women with children, we responded to the needs of the Continuum, and several years ago began to offer our exemplary services to men, those who identify as transgender, and those who are gender nonconforming.

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

First Light understands the importance of leverage and matching dollars and is experienced in providing both to each grant program we apply for and receive. Every grant received by First Light is used to leverage additional funding from other sources to expand the scope of funding. The Agency effectively and efficiently manages each grant awarded and our auditing and grant review records document the fact. First Light has successfully engaged financial support and volunteer hours from individuals, families, foundations, corporations, and churches to match Emergency Shelter Grants (ESG), Community Development Block Grants (CDBG), and Emergency Solutions Grant Assistance from the Alabama Department of Economic and Community Affairs (ADECA) through the City of Birmingham as well as Emergency Solutions Grants through Jefferson County to support First Light’s emergency shelter. First Light recently completed a program funded by a grant from the United States Department of Justice to provide transitional supportive housing for victims of domestic violence with no income. It was the only transitional housing in our community for victims of domestic violence with no income. Community support, including a recent grant of $80,000 from Navigate Housing Authority Trust, provides matching funds for First Light’s Shelter Plus Care program through which First Light screens, selects, and provides case management for families and individuals receiving housing vouchers from the Jefferson County Housing Authority. In 2018, First Light was awarded a grant...
from HUD to provide rapid re-housing to homeless low-income individuals and families from throughout the community. Matching funds are provided by the Community Foundation of Greater Birmingham and through unrestricted funding received from individuals, corporations, foundations, and churches. Without leveraging volunteer labor our impact would be greatly reduced. Last year, First Light recorded over 1,000 volunteer hours. Volunteer time can be attributed to spending the night in the emergency shelter, providing meals for over 70 people every night, doing projects around the shelter, providing medical and dental services to our guest as well. Without volunteer contribution, the agency would not be able to provide many of the resources that we provide daily to our guest. Exceptional case management and supportive care are the hallmarks of First Light’s success. First Light’s outstanding professionals provide high-quality, effective services that helps to keep the homeless off the streets and helps them build a better quality of life. This level of service is the hallmark of First Light’s social services staff, which works collaboratively with many agencies and organizations and takes a two-generation approach so every member of the family gets the services and treatment they need and any government benefits to which they may be entitled.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

First Light, Inc reliably records expenditures and draws down funds, as guidelines require. Participation in eLOCCS and the Integrated Disbursement and Information System (IDIS) allows First Light to draw down funding and report accomplishments to HUD, thereby ensuring that all grant funds are being used appropriately, effectively and in a timely manner. A comprehensive system of internal checks and balances assure the efficient operation of the agency. First Light, Inc., is audited by all funding sources, including U.S. Department of Housing and Urban Development, City of Birmingham, Jefferson County and many others and allow each funder prompt and full access to financial, program, and management records and documents as needed for program and fiscal monitoring and oversight. First Light, Inc., completes an annual external audit for the purposes of providing an outside opinion on the consolidated financial statements and controlled organizations as a whole. This audit provides substantial tests of compliance with Government Auditing Standards and investigates for adequate levels of internal control measures. The external audit also provides the schedule of expenditures of federal awards for additional analysis as required by the U. S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. The audit includes HUD standards relating to leasing, property management, and housing maintenance and repair expenditures.

In accordance with Government Auditing Standards, First Light, Inc., maintains internal control measures over all financial reporting in compliance with certain provisions of law, regulations, contracts, grant agreements, and other matters in order to ensure reliable financial reporting, effective and efficient operations, and the safeguarding of assets against theft or unauthorized use, acquisition, or disposal. Internal control measures include the segregation of duties, proper authorization of activities, adequate
documentation, physical control over assets and records, and independent review. All bank statements and credit card reconciliations are opened and examined by the Executive Director before these statements are forwarded to the Accounting Department for processing. First Light is governed by a 14 members plus two Ex Officio volunteer Board of Directors that generally oversee operations under the day to day direction of the Director. The Board of Directors meets 6 times annually in addition to the meetings with the Executive Board Members. Meetings with the board President are held almost monthly. First Light also has a Junior Board that sponsors a yearly fundraiser raising over 75,000 a year.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? No
3A. Project Detail

1a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

1b. CoC Collaborative Applicant Name: One Roof

2. Project Name: TRIO PSH Expansion FY2019

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? PSH

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds? X

8. Does this project include Replacement Reserves? No
3B. Project Description

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

This 5 bed project will provide permanent supportive housing to vulnerable homeless women with documented disabilities in a scattered site apartment dwelling. Potential clients are identified through Coordinated Assessment. As appropriate for each participant, the social worker may provide transportation to and from medical appointments, assistance with job searches, evaluate compliance with prescribed medications and provide any services as needed. All participants are assessed for their ability to pay rent. This is a low barrier program, so no participant is denied participation in the program because of lack of resources or inability to pay rent. A social worker makes certain that participation is voluntary, but heavily encouraged, in wraparound services that are provided for each woman as she transitions from the emergency shelter/streets into this permanent housing program. The participants receive intensive case management and work with the social worker on goals identified by the client. All participants are strongly encouraged to apply for mainstream benefits for which they are eligible. Those participants who are not employed are encouraged to access job skill programs and work to increase job skills so that they can gain employment. Because one of the goals is for clients to become independent, participants are encouraged to use the bus system for transportation. Education and modeling of the bus system is provided when needed. First Light works with multiple community partners to assist clients with reaching their goals, whether it be medical, mental health, counseling, or referrals to job training programs. By providing access to these services a person is able to live independently therefore achieving their full potential.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>New project staff hired, or other project expenses begin?</td>
<td></td>
<td>30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Participant enrollment in project begins? 60
Participants begin to occupy leased units or structure(s), and supportive services begin? 60
Leased or rental assistance units or structure, and supportive services near 100% capacity? 240
Closing on purchase of land, structure(s), or execution of structure lease?
Rehabilitation started?
Rehabilitation completed?
New construction started?
New construction completed?

3. Will your project participate in a CoC Coordinated Entry Process? Yes

4. Please identify the project's specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other: physical/developmental disabilities

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

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

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
</tbody>
</table>
c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services [X]
- Failure to make progress on a service plan [X]
- Loss of income or failure to improve income [X]
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area [X]
- None of the above

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

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

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

1. experiencing chronic homelessness as defined in 24 CFR 578.3;
2. residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project; and
3. residing in a place not meant for human habitation, emergency shelter, or safe haven; but
the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA’s homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above.

DedicatedPLUS
3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?  
   Yes

   Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year’s CoC Program Competition.

   1a. Eligible Renewal Grant PIN Number:  AL0008
   1b. Eligible Renewal Grant Project Name:  TRIO-2019

2. Will this expansion project Increase the number of homeless persons served?  
   Yes

   2a. Indicate how the project is proposing to "increase the number of homeless persons served."

<table>
<thead>
<tr>
<th>Current level of effort</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of persons served at a point-in-time</td>
<td>35</td>
</tr>
<tr>
<td># of units</td>
<td>35</td>
</tr>
<tr>
<td># of beds</td>
<td>35</td>
</tr>
<tr>
<td>New effort</td>
<td></td>
</tr>
<tr>
<td># of additional persons served at a point in time that this project will provide</td>
<td>5</td>
</tr>
<tr>
<td># of additional units this project will provide</td>
<td>5</td>
</tr>
<tr>
<td># of additional beds this project will provide</td>
<td>5</td>
</tr>
</tbody>
</table>

3. Will this Expansion Project bring additional supportive services to homeless persons?  
   Yes

   3a. Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."

   | Increase number of and/or expand variety of supportive services provided | □     |
   | Increase frequency and/or intensity of supportive services               | □     |

4. Will this expansion project bring existing facilities up to government health and safety standards?  
   No
4A. Supportive Services for Participants

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

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

X

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

This is a Housing First program and all participants will be offered services. The case manager will make certain to heavily encourage the program participants to participate in voluntary wraparound services as they transition from the emergency shelter/streets into this permanent housing program. The participants will receive intensive case management and work with the case manager on goals identified by the participant. All participants will be assessed for programs that can increase their income if they are able to work. As appropriate for each participant, the case manager may provide transportation to and from medical appointments, assistance with job search, evaluate compliance with prescribed medications and provide any services as needed. All participants will be assessed for their ability to pay rent. This will be a low barrier program, so no participant will be denied participation in the program because of lack of resources or inability to pay rent.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Participants will be referred to job training programs that are geared towards those with disabilities, and those agencies are experienced with the particular barriers that people experiencing homelessness have. Should clients be unable to work, they will be encouraged to find fulfilling volunteer opportunities with our partner agency, Hands on Birmingham for special projects, or with like agencies on a regular basis so as to feel connected to their community. All participants
will be strongly encouraged to apply for mainstream benefits for which they are eligible. First Light works with multiple community partners to assist participants with helping participants reach their goals, whether it be medical, mental health, counseling, or referrals to job training programs.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes
5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes
6a. Has the staff person providing the
technical assistance completed SOAR training in the past 24 months.
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: 5
Total Beds: 5
Total Dedicated CH Beds: 5

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

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

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 5
   b. Beds: 5

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless?
   5
   This includes both the “dedicated” and “prioritized” beds.

4. Address:
   Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.
   Street 1: 316 Valley Crest Lane
   Street 2: 
   City: Birmingham
   State: Alabama
   ZIP Code: 35209

*5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
   (for multiple selections hold CTRL key)
   019073 Jefferson County
## 5A. Project Participants - Households

### Households Table

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number of Households</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Households</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Humans in Households with at Least One Adult and One Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults over age 24</td>
<td></td>
<td>5</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td></td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## 5B. Project Participants - Subpopulations

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? Reallocation

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

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is being requested:
   - Leased Units X
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS X

6. If awarded, will this project require an initial grant term greater than 12 months? No
The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

| Total Annual Assistance Requested:     | $46,080 |
| Grant Term:                           | 1 Year  |
| Total Request for Grant Term:         | $46,080 |
| Total Units:                          | 5       |

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Assistance Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL - Birmingham-H...</td>
<td>5</td>
<td>$46,080</td>
<td>$46,080</td>
</tr>
</tbody>
</table>
Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen “6A. Funding Request.”

Total Request: This column populates with the total calculated amount from each row.

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 grant term selected on the "Funding Request" screen and will be read only.

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

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

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

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: AL - Birmingham-Hoover, AL HUD Metro FMR Area (0100799999)
<table>
<thead>
<tr>
<th>Size of Units</th>
<th>Number of units (Applicant)</th>
<th>FMR (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 months</th>
<th>Total request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$519</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$692</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>5 x</td>
<td>$768</td>
<td>x</td>
<td>12 =</td>
<td>$46,080</td>
</tr>
<tr>
<td>2 Bedroom</td>
<td>x</td>
<td>$882</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedroom</td>
<td>x</td>
<td>$1,176</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedroom</td>
<td>x</td>
<td>$1,315</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedroom</td>
<td>x</td>
<td>$1,512</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedroom</td>
<td>x</td>
<td>$1,710</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedroom</td>
<td>x</td>
<td>$1,907</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedroom</td>
<td>x</td>
<td>$2,104</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedroom</td>
<td>x</td>
<td>$2,301</td>
<td>x</td>
<td>12 =</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total units and annual assistance requested:</strong></td>
<td><strong>5</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$46,080</strong></td>
</tr>
<tr>
<td>Grant term:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>1 Year</strong></td>
</tr>
<tr>
<td>Total request for grant term:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$46,080</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
# 6F. Supportive Services Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1 cmgt @75% of time including salary and benefits</td>
<td>$32,420</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td>100.00 for food assistance x 5 per participant</td>
<td>$500</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>.50 mile x 1100 miles; 10 monthly buss passes 10@$45</td>
<td>$1,000</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td>$400 utility deposit x 5 participants</td>
<td>$2,000</td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td><strong>$35,920</strong></td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $35,920

Click the 'Save' button to automatically calculate totals.
6G. Operating

In this section, enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Furniture</td>
<td>$1000 in furniture per 5 units</td>
<td>$5,000</td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td>$5,000</td>
<td></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td>$5,000</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. HMIS Budget

Instructions:

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

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

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Software</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Personnel</td>
<td>$5000: This is 5% of the total requested budget for personnel to enter data, check for data completeness and verify monthly HMIS reports</td>
<td>$5,000</td>
</tr>
<tr>
<td>5. Space &amp; Operations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Total Annual Assistance Requested: $5,000
Grant Term: 1 Year
Total Request for Grant Term: $5,000

Click the 'Save' button to automatically calculate totals.
6I. Sources of Match

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

Summary for Match

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$13,480</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$13,480</td>
</tr>
</tbody>
</table>

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>unrestricted fund...</td>
<td>08/09/2019</td>
<td>$13,480</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards match?  Yes
2. Type of commitment:  Cash
3. Type of source:  Private
4. Name the source of the commitment:  unrestricted funds from individual donations, program income, community donations, foundations and churches
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  08/09/2019
6. Value of Written Commitment:  $13,480
6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$46,080</td>
<td>1 Year</td>
<td>$46,080</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$35,920</td>
<td>1 Year</td>
<td>$35,920</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$5,000</td>
<td>1 Year</td>
<td>$5,000</td>
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<td>6. HMIS</td>
<td>$5,000</td>
<td>1 Year</td>
<td>$5,000</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$92,000</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td></td>
<td></td>
<td>$8,000</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$100,000</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td></td>
<td></td>
<td>$13,480</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>12. Total Match</td>
<td></td>
<td></td>
<td>$13,480</td>
</tr>
<tr>
<td>13. Total Budget</td>
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<td></td>
<td>$113,480</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7D. Certification

A. For all projects:
Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

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

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

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

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

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Ruth Crosby  
**Date:** 09/23/2019  
**Title:** Executive Director  
**Applicant Organization:** First Light, Inc.

**PHA Number (For PHA Applicants Only):** I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent
statements or claims may subject me to
criminal, civil, or administrative penalties.
(U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active
System for Award Management (SAM)
registration as required by 2 CFR 200.300(b)
at the time of project application submission
to HUD and will ensure this SAM registration
will be renewed annually to meet this
requirement.
8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input</td>
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<tr>
<td>1C. SF-424 Application Details</td>
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</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input</td>
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<tr>
<td>2B. Experience</td>
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</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/26/2019</td>
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<tr>
<td>6C. Leased Units</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6G. Operating</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>6H. HMIS Budget</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>6L. Match</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input</td>
</tr>
<tr>
<td>7D. Certification</td>
<td>08/14/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SÁM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.)
1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/25/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: One Roof
   b. Employer/Taxpayer Identification Number (EIN/TIN): 63-1051908
   c. Organizational DUNS: 189760254
   PLUS 4:
   d. Address
      Street 1: 1515 6th Avenue South
      Street 2: 
      City: Birmingham
      County: Jefferson
      State: Alabama
      Country: United States
      Zip / Postal Code: 35233
   e. Organizational Unit (optional)
      Department Name:
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mrs.
      First Name: Jeri
      Middle Name:
      Last Name: Tindal
      Suffix:
      Title: HMIS Coordinator
      Organizational Affiliation: One Roof
      Telephone Number: (205) 254-8833
Extension:  115
Fax Number:  (205) 502-4600
Email:  jeri@oneroofonline.org
9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance
   
   Title: CoC Program
   
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   
   Title:
1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant’s Project:
    HMIS Expansion FY2019

16. Congressional District(s):
    a. Applicant: AL-003, AL-007, AL-006
    b. Project: AL-001, AL-003, AL-006
    (for multiple selections hold CTRL key)

17. Proposed Project
    a. Start Date: 06/01/2020
    b. End Date: 05/30/2021

18. Estimated Funding ($)
    a. Federal:
    b. Applicant:
    c. State:
    d. Local:
    e. Other:
    f. Program Income:
    g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
    No

    If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Michelle
Middle Name: 
Last Name: Farley
Suffix: 
Title: Executive Director

Telephone Number: (205) 254-8833
(Format: 123-456-7890)
Fax Number: (205) 502-4600
(Format: 123-456-7890)
Email: michelle@oneroofonline.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/25/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: One Roof
Prefix: Ms.
First Name: Michelle
Middle Name: 
Last Name: Farley
Suffix: 
Title: Executive Director
Organizational Affiliation: One Roof
Telephone Number: (205) 254-8833
Extension: 114
Email: michelle@oneroofonline.org
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip/Postal Code: 35233

2. Employer ID Number (EIN): 63-1051908

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $50,000.00
5. State the name and location (street address, City and State) of the project or activity.
Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

### Part I Threshold Determinations

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

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

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

**Certification**

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

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

I AGREE: X

**Name / Title of Authorized Official:** Michelle Farley, Executive Director

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

**Date Signed:** 09/25/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: One Roof

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

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

2. Sites for Work Performance.

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

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

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

New Project Application FY2019

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

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

**Authorized Representative**

Prefix: Ms.

First Name: Michelle

Middle Name

Last Name: Farley

Suffix:

Title: Executive Director

Telephone Number: (205) 254-8833

(Format: 123-456-7890)

Fax Number: (205) 502-4600

(Format: 123-456-7890)

Email: michelle@oneroofonline.org

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

Date Signed: 09/25/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

Applicant’s Organization: One Roof

Name / Title of Authorized Official: Michelle Farley, Executive Director

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

Date Signed: 09/25/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

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

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

Answer “No” if your organization is NOT engaged in lobbying.

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

Legal Name: One Roof
Street 1: 1515 6th Avenue South
Street 2:
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip / Postal Code: 35233

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

I certify that this information is true and complete. X

New Project Application FY2019 Page 16 09/26/2019
Authorized Representative

Prefix: Ms.
First Name: Michelle
Middle Name:
Last Name: Farley
Suffix:
Title: Executive Director

Telephone Number: (205) 254-8833
(Format: 123-456-7890)

Fax Number: (205) 502-4600
(Format: 123-456-7890)

Email: michelle@oneroofonline.org

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

Date Signed: 09/25/2019
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:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list contains no items</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Starting in 1983, One Roof (then Metropolitan Birmingham Services for the Homeless) operated as a networking group for agencies addressing homelessness in the greater Birmingham area. In 1992, One Roof incorporated as a 501(c)(3) nonprofit organization and became the HUD Continuum of Care entity for Jefferson, Shelby, and St. Clair counties in central Alabama. In addition to acting as the Collaborative Applicant, One Roof has applied for, received, and executed HUD grants of its own, including Planning and Coordinated Assessment. In 2004, One Roof was awarded a renewable HMIS grant, a grant that has been renewed with each application. In 2008-2011 this agency received four different sources of HPRP funding for HMIS. In FY2017, we applied for and received our first HMIS expansion grant. This year, we applied for and were awarded over $130,000 in the HMIS Capacity Building NOFA.

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

Every grant received by One Roof has been used to leverage additional federal, state, local, and private sector funds. Several years ago One Roof was gifted $1,000,000 to do "a little housing" by a private foundation. Instead of creating a small, time-limited project, we used that to leverage more than $3,000,000 in HOME and other federal funds to build 20 affordable housing units with a Housing First focus. We have had success with applying for foundation grants to assist with our veterans by-name-list meeting, coordinated assessment, homelessness awareness training, and our annual Project Homeless Connect event.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

One Roof is governed by a diverse, community-based Board of Directors including CoC agencies, community leaders, homeless and/or formerly homeless persons, local municipalities and others. The Board of Directors meets 6 times annually with standing and ad hoc committees meeting as needed throughout the year. The Board of Directors has direct oversight of One Roof’s Executive Director and the Executive Director oversees all staff activities and programmatic operations.

In accordance with Government Auditing Standards, One Roof maintains internal control measures over all financial reporting in compliance with certain...
provisions of law, regulations, contracts, grant agreements, and other matters in order to ensure reliable financial reporting, effective and efficient operations, and the safeguarding of assets against theft or unauthorized use, acquisition, or disposal. Internal control measures include the segregation of duties, proper authorization of activities, adequate documentation, physical control over assets and records, and independent checks on performance by employees who did not perform the work under review. For example, all bank statements and credit card reconciliations are opened and examined by Operations before these statements are forwarded to the Executive Director for review and then to the in-house accountant for processing. All day-to-day financial activities are monitored by our in-house accountant, who is a CPA. Additional oversight is provided by Board of Directors Treasurer, a CPA.

One Roof reliably records expenditures and draws down funds, as guidelines require. Participation in eLOCCS allows One Roof to draw down funding and report accomplishments to HUD, thereby ensuring that all grant funds are being used appropriately, effectively and in a timely manner. A comprehensive system of internal checks and balances ensures the efficient operation of the agency. One Roof is subject to auditing/monitoring/review by all funding sources, including private foundations, U.S. Department of Housing and Urban Development, the City of Birmingham, etc. Additionally, One Roof completes an annual external audit for the purpose of providing an outside opinion on the consolidated financial statements and controlled organizations as a whole. This audit provides substantial tests of compliance with Government Auditing Standards and investigates for adequate levels of internal control measures. The external audit also provides the schedule of expenditures of federal awards for additional analysis as required by the U. S. Office of Management and Uniform Guidance Part 200—Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?

No
3A. Project Detail

1a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

1b. CoC Collaborative Applicant Name: One Roof

2. Project Name: HMIS Expansion FY2019

3. Project Status: Standard

4. Component Type: HMIS

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds? X
3B. Project Description

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

1. One Roof was first awarded an HMIS grant in 2004; was awarded an expansion grant in 2015; but now requests this expansion primarily to increase the capacity of our 6-person staff to do the job. When HMIS first began, it was obvious that, with utilization of already existing software, we didn’t need to hire programmers, so hired generally computer literate staff with great people skills. As the years have passed, the requirements have increased dramatically for the HMIS staff to be able to understand data trends, utilize data for community planning purposes, and understand data nightmares such as presented by the first LSA this year. One Roof must increase training for our existing staff and hire more data-savvy (more costly) staff as turns over. We must have a larger salary budget for that.

One Roof is committed to expanding HMIS participation and increasing HMIS bed coverage. One of the biggest barriers to HMIS participation is the cost of buying and renewing licenses. We propose to provide 10 new licenses and 50 license renewal fees annually to non-HUD-funded agencies. With the HMIS Capacity Building grant, this will allow for a total of 15 new users for the first two years and 10 in subsequent years.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>New project staff hired, or other project expenses begin?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>Participant enrollment in project begins?</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants begin to occupy leased units or structure(s), and supportive services begin?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closing on purchase of land, structure(s), or execution of structure lease?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Applicant: One Roof  
Project: HMIS Expansion FY2019

<table>
<thead>
<tr>
<th>Rehabilitation started?</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation completed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New construction started?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New construction completed?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Will your project participate in a CoC Coordinated Entry Process?  

No  

Please explain why your project will not participate in a CoC Coordinated Entry Process.  

This is an HMIS project.
3C. HMIS Expansion

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year’s CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: AL0005
1b. Eligible Renewal Grant Project Name: HMIS Combined Grant FY2019

Select ‘Yes’ or ‘No’ to questions 2-4 below. To be an eligible HMIS Expansion, at least one question must be selected “Yes.”

2. Will this expansion project increase HMIS functionality? No

3. Will this expansion project increase geographic coverage of HMIS? No

4. Will this expansion project increase number of HMIS participating agencies and/or programs? Yes

4a. Identify the number of additional participants in each of the following agencies and/or programs that will be added

<table>
<thead>
<tr>
<th>Agency/Metric</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUD - Continuum of Care Program (CoC)</td>
<td>0</td>
</tr>
<tr>
<td>HUD - Emergency Solutions Grant (ESG)</td>
<td>0</td>
</tr>
<tr>
<td>HUD - Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>0</td>
</tr>
<tr>
<td>HHS - Projects for Assistance in Transition from Homelessness (PATH)</td>
<td>0</td>
</tr>
<tr>
<td>HHS - Runaway and Homeless Youth Programs (RHY)</td>
<td>0</td>
</tr>
<tr>
<td>VA</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
</tr>
</tbody>
</table>

Applicant: One Roof
Project: HMIS Expansion FY2019

New Project Application FY2019 | Page 24 | 09/26/2019
4A. HMIS Standards

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE’s) as set forth in the 2017 HMIS Data Standards?  Yes

1b. If no, explain why and the planned steps for compliance. Max. 500 characters.

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc).  Yes

2b. If no, explain why and the planned steps for compliance. Max. 500 characters.

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

3b. If No, explain why and the planned steps for compliance. Max. 500 characters.

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?  Yes

5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners?  Yes

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?  No
7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?  Yes

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)  Yes

a. How long does it take to remove access rights to former HMIS users?  Within 24 hours
### 4B. HMIS Training

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Enter date of last training or proposed next training (mm/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Computer Training</td>
<td>08/2019</td>
</tr>
<tr>
<td>HMIS Software Training for Sys Admin</td>
<td>03/2019</td>
</tr>
<tr>
<td>HMIS Software Training</td>
<td>08/2019</td>
</tr>
<tr>
<td>Data Quality Training</td>
<td>08/2019</td>
</tr>
<tr>
<td>Security Training</td>
<td>08/2019</td>
</tr>
<tr>
<td>Privacy/Ethics Training</td>
<td>08/2019</td>
</tr>
<tr>
<td>HMIS PIT Count Training</td>
<td>01/2019</td>
</tr>
<tr>
<td>Other (must specify)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? Reallocation

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

4. Select a grant term: 1 Year

   HMIS X

6. If awarded, will this project require an initial grant term greater than 12 months? No
## 6H. HMIS Budget

### Instructions:

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

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

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount funds requested for each activity.

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Software</td>
<td>New HMIS Licenses, Renewal Licenses, User Training, and User Support, Software for HMIS Server and Computers</td>
<td>$26,000</td>
</tr>
<tr>
<td>3. Services</td>
<td>HMIS Staff Training $ 765 x 6 staff members annually</td>
<td>$4,590</td>
</tr>
<tr>
<td>4. Personnel</td>
<td>Additional salary costs 6 FT staff members annually</td>
<td>$14,865</td>
</tr>
<tr>
<td>5. Space &amp; Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$45,455</td>
</tr>
<tr>
<td>Grant Term:</td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term:</td>
<td></td>
<td>$45,455</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6I. Sources of Match

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

Summary for Match

| Total Value of Cash Commitments: | $12,750 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $12,750 |

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  
   No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Unrestricted fund...</td>
<td>07/31/2019</td>
<td>$12,750</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards match? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: Unrestricted funds/membership fees
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/31/2019
6. Value of Written Commitment: $12,750
The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$45,455</td>
<td>1 Year</td>
<td>$45,455</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$45,455</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td></td>
<td></td>
<td>$4,545</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$50,000</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td></td>
<td></td>
<td>$12,750</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>12. Total Match</td>
<td></td>
<td></td>
<td>$12,750</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td></td>
<td></td>
<td>$62,750</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

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

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

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

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

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Michelle Farley  
**Date:** 09/25/2019  
**Title:** Executive Director  
**Applicant Organization:** One Roof

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

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent
statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
8B. Submission Summary

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

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>3C. HMIS Expansion</td>
<td>09/04/2019</td>
</tr>
<tr>
<td>4A. HMIS Standards</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>4B. HMIS Training</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>6H. HMIS Budget</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>6I. Match</td>
<td>09/04/2019</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7D. Certification</td>
<td>08/27/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/23/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AL0013

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of 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

X

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Jefferson County Housing Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN): 63-6002200

<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
<th>101705270</th>
<th>PLUS 4</th>
</tr>
</thead>
</table>

d. Address
   Street 1: 3700 Industrial Parkway
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip / Postal Code: 35217

e. Organizational Unit (optional)
   Department Name: Shelter Plus Care

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Solonia
   Middle Name: M.
   Last Name: Mack
   Suffix: 
   Title: Supervisor - CoC Program

Organizational Affiliation: Jefferson County Housing Authority
   Telephone Number: (205) 849-0123
Extension: 1314
Fax Number: (205) 849-0137
Email: smack@jcha.com
1C. SF-424 Application Details

9. Type of Applicant: La. Public Housing Authority

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-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant’s Project: AL0013L4C001811 FY2019

16. Congressional District(s):
    a. Applicant: AL-007, AL-006
       (for multiple selections hold CTRL key)
    b. Project: AL-001, AL-002, AL-003, AL-004, AL-005
       (for multiple selections hold CTRL key)

17. Proposed Project
    a. Start Date: 06/01/2020
    b. End Date: 05/31/2021

18. Estimated Funding ($)
    a. Federal:
    b. Applicant:
       c. State:
       d. Local:
       e. Other:
    f. Program Income:
       g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No
   If "YES," provide an explanation:

Applicant: Jefferson County Housing Authority
Project: AL0013L4C001811 FY2019

10-170-5270

180135
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Mr.
First Name: Ken
Middle Name:
Last Name: Vaughan
Suffix:
Title: Executive Director
Telephone Number: (205) 849-0123
(Format: 123-456-7890)
Fax Number: (205) 849-0137
(Format: 123-456-7890)
Email: kvaughan@jcha.com
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Jefferson County Housing Authority
   Prefix: Mr.
   First Name: Ken
   Middle Name: 
   Last Name: Vaughan
   Suffix: 
   Title: Executive Director
   Organizational Affiliation: Jefferson County Housing Authority
   Telephone Number: (205) 849-0123
   Extension: 1366
   Email: kvaughan@jcha.com
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip/Postal Code: 35217

2. Employer ID Number (EIN): 63-6002200

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $3,313,615.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

AL0013L4C001811 FY2019 3700 Industrial Parkway Birmingham Alabama

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

Part I Threshold Determinations

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

Yes

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

Yes

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>$0.00</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part III Interested Parties

You must disclose:

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a social security number</th>
<th>Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td></td>
<td>Page 10</td>
<td>09/26/2019</td>
<td></td>
</tr>
</tbody>
</table>
Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Ken Vaughan, Executive Director

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

Date Signed: 09/17/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Jefferson County Housing Authority

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

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

Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. 

Renewal Project Application FY2019 Page 12

09/26/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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

Authorized Representative

Prefix: Mr.
First Name: Ken
Middle Name
Last Name: Vaughan
Suffix:
Title: Executive Director

Telephone Number: (205) 849-0123
(Format: 123-456-7890)
Fax Number: (205) 849-0137
(Format: 123-456-7890)
Email: kvaughan@jcha.com

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

X

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

Applicant’s Organization: Jefferson County Housing Authority

Name / Title of Authorized Official: Ken Vaughan, Executive Director

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

Date Signed: 09/23/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Jefferson County Housing Authority
Street 1: 3700 Industrial Parkway
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip / Postal Code: 35217

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Mr.
First Name: Ken
Last Name: Vaughan
Title: Executive Director

Telephone Number: (205) 849-0123
(Format: 123-456-7890)

Fax Number: (205) 849-0137
(Format: 123-456-7890)

Email: kvaughan@jcha.com

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

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? Yes
   Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.
   The grant covers 100% of the rent, and the 30% is the savings from the tenant-paid portions of rent. Some returned funding has been reallocated by the CoC in past competitions.
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition?  "If "No" click on "Next" or "Save & Next" below to move to the next screen.

   No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

| Organization | Type | Type | Sub-Award Amo
<table>
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<tbody>
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<td></td>
<td>unt</td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AL0013
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

2b. CoC Collaborative Applicant Name: One Roof

3. Project Name: AL0013L4C001811 FY2019

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

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

The Shelter Plus Care project is a 410 unit, 888 bed, tenant-based permanent housing program serving homeless and chronically homeless individuals and families with disabilities including substance abuse issues, severe mental illness, HIV/AIDS or related illness and the dually diagnosed. The applicant the Jefferson County Housing Authority, provides leasing dollars to house the families or individuals, and partners with both CoC and non-CoC agencies that provide the supportive services necessary to keep those clients stably housed. Those supportive services include, but are not limited to case management, life skills training, substance abuse treatment, subpopulation-specific services (i.e. Veteran's services), and transportation to the services. Some partner agencies: Aletheia House, JBS Mental Health Authority, Lovelady Center and The Veteran's Administration. The partner agencies work with the clients to help them gain mainstream benefits as soon as they enter the program so that they might be more stable in housing. Goals are for at least 66% of clients to maintain or increase income and having at least 82% of clients remain in the program or move to other permanent housing. The Housing Authority and the partner agencies work together to help the clients achieve the greatest level of persona self-sufficiency possible. Recertification is done annually. The client may choose his/her own housing from participating landlords, but all housing is inspected using the HUD habitability standards.

The Housing Authority has been working towards lowering barriers for clients and recently applied for a $200,000 amendment to move money form leasing to supportive services so that we could provide the intense level of case management needed for 10 Housing First clients as part of a Pilot Program. We have lowered our proven sobriety requirement form 6 months to 3 months for all clients, but will lift that totally for these 10 Housing First clients.

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

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

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Applicant: Jefferson County Housing Authority

Project: AL0013L4C001811 FY2019

10-170-5270

180135

Renewal Project Application FY2019

Page 24

09/26/2019
Veterans | X | Substance Abuse | X |
Youth (under 25) | | Mental Illness | X |
Families with Children | X | HIV/AIDS | X |
Other (Click 'Save' to update) | |

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 | X |
| Active or history of substance use | X |
| Having a criminal record with exceptions for state-mandated restrictions | X |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | X |
| None of the above | |

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 | X |
| Failure to make progress on a service plan | |
| Loss of income or failure to improve income | |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area | |
| None of the above | |

3d. Does the project follow a "Housing First" approach? No
3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

1. experiencing chronic homelessness as defined in 24 CFR 578.3;
2. residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
3. residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
4. residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
5. residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
6. receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.
### 4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
<td></td>
</tr>
</tbody>
</table>

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

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 410
Total Beds: 888
Total Dedicated CH Beds: 95

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>410</td>
<td>888</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

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

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 410
   b. Beds: 888

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 95
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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

Street 1: 3700 Industrial Parkway
Street 2:
   City: Birmingham
   State: Alabama
   ZIP Code: 35217

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   019073 Jefferson County
This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>101</td>
<td>370</td>
<td>0</td>
<td>471</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>116</td>
<td>389</td>
<td></td>
<td>505</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>31</td>
<td>34</td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>196</td>
<td>0</td>
<td></td>
<td>196</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>343</td>
<td>423</td>
<td>0</td>
<td>766</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>17</td>
<td>1</td>
<td>2</td>
<td>88</td>
<td>9</td>
<td>17</td>
<td>16</td>
<td>9</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>17</td>
<td>1</td>
<td>3</td>
<td>95</td>
<td>9</td>
<td>18</td>
<td>22</td>
<td>10</td>
<td>8</td>
<td>210</td>
</tr>
<tr>
<td>Total Persons</td>
<td>17</td>
<td>1</td>
<td>3</td>
<td>95</td>
<td>9</td>
<td>18</td>
<td>22</td>
<td>10</td>
<td>8</td>
<td>210</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>233</td>
<td>20</td>
<td>28</td>
<td>213</td>
<td>41</td>
<td>104</td>
<td>33</td>
<td>63</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>30</td>
</tr>
<tr>
<td>Total Persons</td>
<td>234</td>
<td>20</td>
<td>28</td>
<td>215</td>
<td>42</td>
<td>104</td>
<td>35</td>
<td>63</td>
<td>4</td>
<td>30</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Jefferson County Housing Authority
Project: AL0013L4C001811 FY2019

Renewal Project Application FY2019
<table>
<thead>
<tr>
<th>Unaccompanied Children under age 18</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Persons</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

* 20 Persons 18 - 24 in Households with at least one Adult and one Child include adult children of S+C clients who live in the home, spouses of S+C clients and caretakers of S+C clients. Some of these persons 18 - 24 do have disabilities themselves, but have not yet been properly diagnosed.
* 190 Accompanied children <18 are dependents of S+C clients. Some of these children have disabilities themselves, but have not yet been properly diagnosed.
* 30 Persons 18 - 24 in households without children include adult children of S+C clients who live in the home, spouses of S+C clients and caretakers of S+C clients. Some of these persons 18 - 24 do have disabilities themselves, but have not yet been properly diagnosed.
6A. Funding Request

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Leased Units  X
   - Leased Structures
   - Rental Assistance
   - Supportive Services
   - Operating
   - HMIS
6B. Leased Units Budget

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

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL - Birmingham-H...</td>
<td>410</td>
<td>$3,012,377</td>
<td>$3,012,377</td>
</tr>
</tbody>
</table>
**Leased Units Budget Detail**

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

**Metropolitan or non-metropolitan fair market rent area:** AL - Birmingham-Hoover, AL HUD Metro FMR Area (0100799999)

### Leased Units Annual Budget

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td>167</td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td>128</td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>410</strong></td>
<td><strong>$3,012,377</strong></td>
</tr>
</tbody>
</table>

**Grant Term**

1 Year

**Total Request for Grant Term**

$3,012,377

Click the 'Save' button to automatically calculate totals.
6D. Sources of Match

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

Summary for Match

| Total Value of Cash Commitments: | $0 |
| Total Value of In-Kind Commitments: | $2,904,153 |
| Total Value of All Commitments: | $2,904,153 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Partner Agencies</td>
<td>08/29/2019</td>
<td>$2,904,153</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Partner Agencies MOU agreement and Commitment Letters (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/29/2019

6. Value of Written Commitment: $2,904,153

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$3,012,377</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$3,012,377</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$301,238</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$3,313,615</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$2,904,153</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$2,904,153</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$6,217,768</td>
</tr>
</tbody>
</table>

Applicant: Jefferson County Housing Authority
Project: AL0013L4C001811 FY2019

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## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
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</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
### 7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td>MOU'S</td>
<td>09/17/2019</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: MOU'S
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 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

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

**20-Year Operation Rule.**

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.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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**  Ken Vaughan  
**Date:**  09/23/2019  
**Title:**  Executive Director  
**Applicant Organization:**  Jefferson County Housing Authority
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  Yes

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  Make changes

The applicant has either selected "Yes" to Question #1, has not brought forward details from a previously awarded renewal project application, or has manually selected “Make Changes” to question #2 and has checked a checkbox. The applicant must therefore make changes to the application information. If this is not a first time renewal and the applicant would like to bring forward information from a previously awarded renewal project application, exit this application, click on the "Projects" link from the left menu, select "Renewal Project Application FY2019" from the "Funding Opportunity Name" dropdown, click on the folder icon to create a renewal project, and select an expiring renewal project from the drop down list next to the "Import Data From" field.

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Screen</th>
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<tr>
<td>Part 2 - Subrecipient Information</td>
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<tr>
<td>2A. Subrecipients</td>
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<tr>
<td>Part 3 - Project Information</td>
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<td>3A. Project Detail</td>
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<tr>
<td>3B. Description</td>
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<tr>
<td>3C. Dedicated Plus</td>
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<tr>
<td>Part 4 - Housing Services and HMIS</td>
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<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<tr>
<td>Part 5 - Participants and Outreach Information</td>
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Renewal Project Application FY2019

Applicant: Jefferson County Housing Authority
Project: AL0013L4C001811 FY2019

10-170-5270
180135

Page 47
09/26/2019
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3A - The change was: Included physical disabilities in response to the growing needs of the homeless population.
3B - The change was: Moving towards Housing First in order to respond to the Continuum homeless demographics.
6A - Add Supportive Services to funding request
6B - Updated leased units funding request to match reallocated funds.
6D - The change was: Updated match
7A - The change was: MOU'S attached
7B - The change was: The certification date was updated.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
## 8B Submission Summary

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<td>1B. SF-424 Legal Applicant</td>
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**Applicant:** Jefferson County Housing Authority  
**Project:** AL0013L4C001811 FY2019  
**Project ID:** 10-170-5270  
**Page 49**  
**180135**  
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**09/26/2019**
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<td>1F. SF-424 Declaration</td>
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<td>6B. Leased Units</td>
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<td>6D. Match</td>
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<td>6E. Summary Budget</td>
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<td>7A. Attachment(s)</td>
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<td>Submission Without Changes</td>
<td>09/23/2019</td>
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MEMORANDUM OF UNDERSTANDING BETWEEN JEFFERSON COUNTY HOUSING AUTHORITY (JCHA) AND ALETHEIA HOUSE

1. Background

The Jefferson County Housing Authority Continuum of Care (Shelter Plus Care) Program is funded by a grant from the United States Department of Housing and Urban Development (HUD). The Program is designed to provide both affordable housing and a full range of services to homeless individuals and families who are mentally ill, have chronic alcohol and drug problems, and/or have AIDS or related disorders.

2. Purpose of Memorandum of Understanding

Numerous service providers have committed to participate in the Continuum of Care (Shelter Plus Care) Program to provide necessary services to the target population. The purpose of this Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of an identified service provider and hereinafter referred to as Provider, and the Aletheia House, responsibilities of the Jefferson County Housing Authority.

3. Scope of Services

The Provider will be responsible for:
   a. The initial outreach to potential eligible participants.
   b. Screening and selection of eligible persons;
   c. Detailed assessment of clients;
   d. Case management services;
   e. Maintenance and documentation of case management records;
   f. Provision of crisis support services;
   g. Social rehabilitation and vocational support services as appropriate.
   h. Entering data of homeless clients into Service Point (HMIS – Homeless Management System).

4. Tenant Selection Criteria

   a. Applicants and participants of the Continuum of Care (Shelter Plus Care) Program must be clients designated as homeless, and have at least one diagnosis of: chronic substance abuse, severe mental illness, or HIV+ or related illness.

   b. Successful applicants must meet income and homelessness guidelines.

   c. Income Guidelines: Residents must be at or below 50% of area median income. Income verification is required.

   d. Homelessness: Per federal funding requirements, applicants must be homeless, as defined by the Department of Housing & Urban Development (HUD), i.e.: Any individual who lacks a fixed, regular and adequate nighttime residence; any individual who has a primary nighttime residence that is: a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, b) a
temporary residence for individuals intended to be institutionalized, c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. (Per HUD, only persons coming from emergency shelters, streets, and transitional housing for homeless persons, i.e., person must have been homeless prior to entering transitional housing, are eligible per HUD funded permanent housing projects.)

e. If the applicant has a history of substance abuse, he/she must be substance-free for the preceding 3 months prior to application. The Provider must supply supporting documentation of clean time with the application.

f. Applicants must be able to understand and carry out the rules and Family Obligations of the Continuum of Care (Shelter Plus Care) Program as well as the requirements of the lease with a landlord.

4. Indemnity and Insurance

Provider shall indemnify Jefferson County Housing Authority, its officers and employees, against any and all liability for injury and damage caused by any negligent or willful act or omission of Provider or any of Provider's employees, volunteers, in the performance of the duties specified in this MOU.

Jefferson County Housing Authority shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Worker's Compensation, Automobile, and Professional Insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the Jefferson County Housing Authority.

5. Record Keeping and Reporting

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete an current monthly service logs, application logs, and all related documents and records to assure proper accounting of funds and performance under the terms of this MOU.

6. Match Reporting

- Provider agrees to provide eligible match in supportive services equal to rental assistance payments made on behalf of provider's clients.
- Provider will provide details of what constitutes hourly rates used on match documentation forms.
- Provider will make available all necessary documentation of supportive services rendered on an annual basis for audit purposes for the use and benefit of the JCHA.
- Provider will provide to the JCHA match documentation no later than 30 days following each fiscal Quarter. The due dates for match are as follows:
  1. First Quarter, January – March Match Due: April 30
  2. Second Quarter, April – June Match Due: July 30
  3. Third Quarter, July – September Match Due: October 30
  4. Fourth Quarter, October – December Match Due: January 30
7. Attendance at Meetings

Provider agrees to send at least one agency representative to the quarterly Continuum of Care (Shelter Plus Care) Agency Partnership meeting, usually held at the Jefferson County Housing Authority, at 3700 Industrial Parkway, Birmingham, AL 35217. Notifications will be sent in advance of the meetings.

Provider agrees to send a least one agency representative to the required monthly One Roof Continuum of Care meeting. Notifications will be sent in advance of the meetings.

8. Compliance with Federal Regulations

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care (Shelter Plus Care) Program, including, but not limited to, the requirements of 24 CFR part 85 (administrative requirements as detailed in OMB Circular A-102, and OMB Circular A-87), and 24 CFR part 24 (the use of debarred or suspended contractors). Provider will also comply with the requirement to maintain a Drug-free Workplace, pursuant to Section 401 of the McKinney Act and the Drug-free Workplace Act of 1988, and will comply with all statutes and regulations applicable to the delivery of the provider’s services. There will be no displacement of tenants or property owners through the provision of services pursuant to this MOU.

9. Nondiscrimination and Equal Opportunity

Provider agrees that no person shall, on the grounds of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in Continuum of Care (Shelter Plus Care) or funded in whole or in part with funds made available to Provider pursuant to this MOU.

10. Term

The term of this MOU is May 1, 2019 to April 30, 2020

11. Amendment

This MOU may be amended with the written agreement by both agencies.

IN WITNESS WHEREOF, the parties here to have caused this agreement to be executed this

31st Day of July, 2019

BY Ken Vaughan
(Type or print name) Jefferson County Housing Authority Executive Director
MEMORANDUM OF UNDERSTANDING BETWEEN JEFFERSON COUNTY HOUSING AUTHORITY (JCHA) AND UAB REACT

1. Background

The Jefferson County Housing Authority Continuum of Care (Shelter Plus Care) Program is funded by a grant from the United States Department of Housing and Urban Development (HUD). The Program is designed to provide both affordable housing and a full range of services to homeless individuals and families who are mentally ill, have chronic alcohol and drug problems, and/or have AIDS or related disorders.

2. Purpose of Memorandum of Understanding

Numerous service providers have committed to participate in the Continuum of Care (Shelter Plus Care) Program to provide necessary services to the target population. The purpose of this Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of an identified service provider and hereinafter referred to as Provider, and the UAB REACT responsibilities of the Jefferson County Housing Authority.

3. Scope of Services

The Provider will be responsible for:
   a. The initial outreach to potential eligible participants.
   b. Screening and selection of eligible persons;
   c. Detailed assessment of clients;
   d. Case management services;
   e. Maintenance and documentation of case management records;
   f. Provision of crisis support services;
   g. Social rehabilitation and vocational support services as appropriate.
   h. Entering data of homeless clients into Service Point (HMIS – Homeless Management System).

4. Tenant Selection Criteria

   a. Applicants and participants of the Continuum of Care (Shelter Plus Care) Program must be clients designated as homeless, and have at least one diagnosis of: chronic substance abuse, severe mental illness, or HIV+ or related illness.

   b. Successful applicants must meet income and homelessness guidelines.

   c. Income Guidelines: Residents must be at or below 50% of area median income. Income verification is required.

   d. Homelessness: Per federal funding requirements, applicants must be homeless, as defined by the Department of Housing & Urban Development (HUD), i.e.:
Any individual who lacks a fixed, regular and adequate nighttime residence; any individual who has a primary nighttime residence that is: a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, b) a temporary residence for individuals intended to be institutionalized, c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. (Per HUD, only persons coming from emergency shelters, streets, and transitional housing for homeless persons, i.e., person must have been homeless prior to entering transitional housing, are eligible per HUD funded permanent housing projects.)

e. If the applicant has a history of substance abuse, he/she must be substance-free for the preceding 3 months prior to application. The Provider must supply supporting documentation of clean time with the application.

f. Applicants must be able to understand and carry out the rules and Family Obligations of the Continuum of Care (Shelter Plus Care) Program as well as the requirements of the lease with a landlord.

4. Indemnity and Insurance

Provider shall indemnify Jefferson County Housing Authority, its officers and employees, against any and all liability for injury and damage caused by any negligent or willful act or omission of Provider or any of Provider’s employees, volunteers, in the performance of the duties specified in this MOU.

Jefferson County Housing Authority shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Worker’s Compensation, Automobile, and Professional Insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the Jefferson County Housing Authority.

5. Record Keeping and Reporting

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete an current monthly service logs, application logs, and all related documents and records to assure proper accounting of funds and performance under the terms of this MOU.

6. Match Reporting

- Provider agrees to provide eligible match in supportive services equal to rental assistance payments made on behalf of provider’s clients.
- Provider will provide details of what constitutes hourly rates used on match documentation forms.
- Provider will make available all necessary documentation of supportive services rendered on an annual basis for audit purposes for the use and benefit of the JCHA.
- Provider will provide to the JCHA match documentation no later than 30 days following each fiscal Quarter. The due dates for match are as follows:
  1. First Quarter, January – March Match Due: April 30
  2. Second Quarter, April – June Match Due: July 30
3. Third Quarter, July – September Match Due: October 30
4. Fourth Quarter, October – December Match Due: January 30

7. Attendance at Meetings

Provider agrees to send at least one agency representative to the quarterly Continuum of Care (Shelter Plus Care) Agency Partnership meeting, usually held at the Jefferson County Housing Authority, at 3700 Industrial Parkway, Birmingham, AL 35217. Notifications will be sent in advance of the meetings.

Provider agrees to send a least one agency representative to the required monthly One Roof Continuum of Care meeting. Notifications will be sent in advance of the meetings.

8. Compliance with Federal Regulations

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care (Shelter Plus Care) Program, including, but not limited to, the requirements of 24 CFR part 85 (administrative requirements as detailed in OMB Circular A-102, and OMB Circular A-87), and 24 CFR part 24 (the use of debarred or suspended contractors). Provider will also comply with the requirement to maintain a Drug-free Workplace, pursuant to Section 401 of the McKinney Act and the Drug-free Workplace Act of 1988, and will comply with all statutes and regulations applicable to the delivery of the provider’s services. There will be no displacement of tenants or property owners through the provision of services pursuant to this MOU.

9. Nondiscrimination and Equal Opportunity

Provider agrees that no person shall, on the grounds of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in Continuum of Care (Shelter Plus Care) or funded in whole or in part with funds made available to Provider pursuant to this MOU.

10. Term

The term of this MOU is May 1, 2019 to April 30, 2020

11. Amendment

This MOU may be amended with the written agreement by both agencies.

IN WITNESS WHEREOF, the parties here to have caused this agreement to be executed this
9th Day of July, 2019.

BY Ken Vaughan
(Type or print name) Jefferson County Housing Authority Executive Director

[Signature]

7/9/2019
Date

BY Harry L. Findley, LCSW
(Type or print name) Executive Director/CEO

[Signature]

6/25/2019
Date
MEMORANDUM OF UNDERSTANDING BETWEEN JEFFERSON COUNTY HOUSING AUTHORITY (JCHA) AND ALABAMA REGIONAL MEDICAL SERVICES

1. **Background**

The Jefferson County Housing Authority Continuum of Care (Shelter Plus Care) Program is funded by a grant from the United States Department of Housing and Urban Development (HUD). The Program is designed to provide both affordable housing and a full range of services to homeless individuals and families who are mentally ill, have chronic alcohol and drug problems, and/or have AIDS or related disorders.

2. **Purpose of Memorandum of Understanding**

Numerous service providers have committed to participate in the Continuum of Care (Shelter Plus Care) Program to provide necessary services to the target population. The purpose of this Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of an identified service provider and hereinafter referred to as Provider, and the Alabama Regional Medical Services responsibilities of the Jefferson County Housing Authority.

3. **Scope of Services**

The Provider will be responsible for:
   a. The initial outreach to potential eligible participants.
   b. Screening and selection of eligible persons;
   c. Detailed assessment of clients;
   d. Case management services;
   e. Maintenance and documentation of case management records;
   f. Provision of crisis support services;
   g. Social rehabilitation and vocational support services as appropriate.
   h. Entering data of homeless clients into Service Point (HMIS – Homeless Management System).

4. **Tenant Selection Criteria**

   a. Applicants and participants of the Continuum of Care (Shelter Plus Care) Program must be clients designated as **homeless, and** have at least one diagnosis of: chronic substance abuse, severe mental illness, or HIV+ or related illness.

   b. Successful applicants must meet income and homelessness guidelines.

   c. Income Guidelines: Residents must be at or below 50% of area median income. Income verification is required.

   d. Homelessness: Per federal funding requirements, applicants must be homeless, as defined by the Department of Housing & Urban Development (HUD), i.e.: Any individual who lacks a fixed, regular and adequate nighttime residence; any individual who has a primary nighttime residence that is: a) a supervised publicly or
privately operated shelter designed to provide temporary living accommodations, b) a temporary residence for individuals intended to be institutionalized, c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. (Per HUD, only persons coming from emergency shelters, streets, and transitional housing for homeless persons, i.e., person must have been homeless prior to entering transitional housing, are eligible per HUD funded permanent housing projects.)

e. If the applicant has a history of substance abuse, he/she must be substance-free for the preceding 3 months prior to application. The Provider must supply supporting documentation of clean time with the application.

f. Applicants must be able to understand and carry out the rules and Family Obligations of the Continuum of Care (Shelter Plus Care) Program as well as the requirements of the lease with a landlord.

4. Indemnity and Insurance

Provider shall indemnify Jefferson County Housing Authority, its officers and employees, against any and all liability for injury and damage caused by any negligent or willful act or omission of Provider or any of Provider’s employees, volunteers, in the performance of the duties specified in this MOU.

Jefferson County Housing Authority shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Worker’s Compensation, Automobile, and Professional Insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the Jefferson County Housing Authority.

5. Record Keeping and Reporting

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete an current monthly service logs, application logs, and all related documents and records to assure proper accounting of funds and performance under the terms of this MOU.

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- Provider agrees to provide eligible match in supportive services equal to rental assistance payments made on behalf of provider’s clients.
- Provider will provide details of what constitutes hourly rates used on match documentation forms.
- Provider will make available all necessary documentation of supportive services rendered on an annual basis for audit purposes for the use and benefit of the JCHA.
- Provider will provide to the JCHA match documentation no later than 30 days following each fiscal Quarter. The due dates for match are as follows:
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9. Nondiscrimination and Equal Opportunity

Provider agrees that no person shall, on the grounds of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in Continuum of Care (Shelter Plus Care) or funded in whole or in part with funds made available to Provider pursuant to this MOU.

10. Term

The term of this MOU is May 1, 2019 to April 30, 2020

11. Amendment

This MOU may be amended with the written agreement by both agencies.

IN WITNESS WHEREOF, the parties here to have caused this agreement to be executed this

9th Day of July, 2019.
BY Ken Vaughan
(Type or print name) Jefferson County Housing Authority Executive Director

Signature

7/9/2019
Date

BY Anthony R. Gardner, CEO
(Type or print name) Executive Director/CEO

Signature

July 1, 2019
Date
MEMORANDUM OF UNDERSTANDING BETWEEN JEFFERSON COUNTY HOUSING AUTHORITY (JCHA) AND ALABAMA REGIONAL MEDICAL SERVICES (ARMS)

1. Background

The Jefferson County Housing Authority Continuum of Care (Shelter Plus Care) Program is funded by a grant from the United States Department of Housing and Urban Development (HUD). The Program is designed to provide both affordable housing and a full range of services to homeless individuals and families who are mentally ill, have chronic alcohol and drug problems, and/or have AIDS or related disorders.

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3. Scope of Services

The Provider will be responsible for:
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   b. Screening and selection of eligible persons;
   c. Detailed assessment of clients;
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   g. Social rehabilitation and vocational support services as appropriate.
   h. Entering data of homeless clients into Service Point (HMIS – Homeless Management System).

4. Tenant Selection Criteria

   a. Applicants and participants of the Continuum of Care (Shelter Plus Care) Program must be clients designated as homeless, and have at least one diagnosis of: chronic substance abuse, severe mental illness, or HIV+ or related illness.

   b. Successful applicants must meet income and homelessness guidelines.

   c. Income Guidelines: Residents must be at or below 50% of area median income. Income verification is required.

   d. Homelessness: Per federal funding requirements, applicants must be homeless, as defined by the Department of Housing & Urban Development (HUD), i.e.:
Any individual who lacks a fixed, regular and adequate nighttime residence; any individual who has a primary nighttime residence that is: a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, b) a temporary residence for individuals intended to be institutionalized, c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. (Per HUD, only persons coming from emergency shelters, streets, and transitional housing for homeless persons, i.e., person must have been homeless prior to entering transitional housing, are eligible per HUD funded permanent housing projects.)

4. **Indemnity and Insurance**

Provider shall indemnify Jefferson County Housing Authority, its officers and employees, against any and all liability for injury and damage caused by any negligent or willful act or omission of Provider or any of Provider’s employees, volunteers, in the performance of the duties specified in this MOU.

Jefferson County Housing Authority shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Worker’s Compensation, Automobile, and Professional Insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the Jefferson County Housing Authority.

5. **Record Keeping and Reporting**

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete an current monthly service logs, application logs, and all related documents and records to assure proper accounting of funds and performance under the terms of this MOU.

6. **Match Reporting**

- Provider agrees to provide eligible match in supportive services equal to rental assistance payments made on behalf of provider’s clients.
- Provider will provide details of what constitutes hourly rates used on match documentation forms.
- Provider will make available all necessary documentation of supportive services rendered on an annual basis for audit purposes for the use and benefit of the JCHA.
- Provider will provide to the JCHA match documentation no later than 30 days following each fiscal Quarter. The due dates for match are as follows:
  1. First Quarter, January – March Match Due: April 30
  2. Second Quarter, April – June Match Due: July 30
3. Third Quarter, July – September Match Due: October 30
4. Fourth Quarter, October – December Match Due: January 30

7. Attendance at Meetings

Provider agrees to send at least one agency representative to the quarterly Continuum of Care (Shelter Plus Care) Agency Partnership meeting, usually held at the Jefferson County Housing Authority, at 3700 Industrial Parkway, Birmingham, AL 35217. Notifications will be sent in advance of the meetings.

Provider agrees to send at least one agency representative to the required monthly One Roof Continuum of Care meeting. Notifications will be sent in advance of the meetings.

8. Compliance with Federal Regulations

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care (Shelter Plus Care) Program, including, but not limited to, the requirements of 24 CFR part 85 (administrative requirements as detailed in OMB Circular A-102, and OMB Circular A-87), and 24 CFR part 24 (the use of debarred or suspended contractors). Provider will also comply with the requirement to maintain a Drug-free Workplace, pursuant to Section 401 of the McKinney Act and the Drug-free Workplace Act of 1988, and will comply with all statutes and regulations applicable to the delivery of the provider’s services. There will be no displacement of tenants or property owners through the provision of services pursuant to this MOU.

9. Nondiscrimination and Equal Opportunity

Provider agrees that no person shall, on the grounds of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in Continuum of Care (Shelter Plus Care) or funded in whole or in part with funds made available to Provider pursuant to this MOU.

10. Term

The term of this MOU is May 1, 2018 to April 30, 2019

11. Amendment

This MOU may be amended with the written agreement by both agencies.

IN WITNESS WHEREOF, the parties here to have caused this agreement to be executed this
30th Day of April, 2018.

BY Ken Vaughan
(Type or print name) Jefferson County Housing Authority Executive Director

Signature

4/30/2018
Date

BY Anthony Gardner, Chief Executive Officer
(Type or print name) Executive Director/CEO

Signature

4/27/18
Date
MEMORANDUM OF UNDERSTANDING BETWEEN JEFFERSON COUNTY HOUSING AUTHORITY (JCHA) AND AIDS ALABAMA

1. **Background**

The Jefferson County Housing Authority Continuum of Care (Shelter Plus Care) Program is funded by a grant from the United States Department of Housing and Urban Development (HUD). The Program is designed to provide both affordable housing and a full range of services to homeless individuals and families who are mentally ill, have chronic alcohol and drug problems, and/or have AIDS or related disorders.

2. **Purpose of Memorandum of Understanding**

Numerous service providers have committed to participate in the Continuum of Care (Shelter Plus Care) Program to provide necessary services to the target population. The purpose of this Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of an identified service provider and hereinafter referred to as Provider, and the AIDS Alabama responsibilities of the Jefferson County Housing Authority.

3. **Scope of Services**

The Provider will be responsible for:

   a. The initial outreach to potential eligible participants.
   b. Screening and selection of eligible persons;
   c. Detailed assessment of clients;
   d. Case management services;
   e. Maintenance and documentation of case management records;
   f. Provision of crisis support services;
   g. Social rehabilitation and vocational support services as appropriate.
   h. Entering data of homeless clients into Service Point (HMIS – Homeless Management System).

4. **Tenant Selection Criteria**

   a. Applicants and participants of the Continuum of Care (Shelter Plus Care) Program must be clients designated as homeless, and have at least one diagnosis of: chronic substance abuse, severe mental illness, or HIV+ or related illness.

   b. Successful applicants must meet income and homelessness guidelines.

   c. Income Guidelines: Residents must be at or below 50% of area median income. Income verification is required.

   d. Homelessness: Per federal funding requirements, applicants must be homeless, as defined by the Department of Housing & Urban Development (HUD), i.e.:
Any individual who lacks a fixed, regular and adequate nighttime residence; any individual who has a primary nighttime residence that is: a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, b) a temporary residence for individuals intended to be institutionalized, c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. (Per HUD, only persons coming from emergency shelters, streets, and transitional housing for homeless persons, i.e., person must have been homeless prior to entering transitional housing, are eligible per HUD funded permanent housing projects.)

e. If the applicant has a history of substance abuse, he/she must be substance-free for the preceding 3 months prior to application. The Provider must supply supporting documentation of clean time with the application.

f. Applicants must be able to understand and carry out the rules and Family Obligations of the Continuum of Care (Shelter Plus Care) Program as well as the requirements of the lease with a landlord.

4. Indemnity and Insurance

Provider shall indemnify Jefferson County Housing Authority, its officers and employees, against any and all liability for injury and damage caused by any negligent or willful act or omission of Provider or any of Provider’s employees, volunteers, in the performance of the duties specified in this MOU.

Jefferson County Housing Authority shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Worker’s Compensation, Automobile, and Professional Insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the Jefferson County Housing Authority.

5. Record Keeping and Reporting

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete an current monthly service logs, application logs, and all related documents and records to assure proper accounting of funds and performance under the terms of this MOU.

6. Match Reporting

- Provider agrees to provide eligible match in supportive services equal to rental assistance payments made on behalf of provider’s clients.
- Provider will provide details of what constitutes hourly rates used on match documentation forms.
- Provider will make available all necessary documentation of supportive services rendered on an annual basis for audit purposes for the use and benefit of the JCHA.
- Provider will provide to the JCHA match documentation no later than 30 days following each fiscal Quarter. The due dates for match are as follows:
  1. First Quarter, January – March Match Due: April 30
  2. Second Quarter, April – June Match Due: July 30
3. Third Quarter, July – September  
4. Fourth Quarter, October – December  

Match Due: October 30  
Match Due: January 30

7. Attendance at Meetings

Provider agrees to send at least one agency representative to the quarterly Continuum of Care (Shelter Plus Care) Agency Partnership meeting, usually held at the Jefferson County Housing Authority, at 3700 Industrial Parkway, Birmingham, AL 35217. Notifications will be sent in advance of the meetings.

Provider agrees to send at least one agency representative to the required monthly One Roof Continuum of Care meeting. Notifications will be sent in advance of the meetings.

8. Compliance with Federal Regulations

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care (Shelter Plus Care) Program, including, but not limited to, the requirements of 24 CFR part 85 (administrative requirements as detailed in OMB Circular A-102, and OMB Circular A-87), and 24 CFR part 24 (the use of debarred or suspended contractors). Provider will also comply with the requirement to maintain a Drug-free Workplace, pursuant to Section 401 of the McKinney Act and the Drug-free Workplace Act of 1988, and will comply with all statutes and regulations applicable to the delivery of the provider's services. There will be no displacement of tenants or property owners through the provision of services pursuant to this MOU.

9. Nondiscrimination and Equal Opportunity

Provider agrees that no person shall, on the grounds of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in Continuum of Care (Shelter Plus Care) or funded in whole or in part with funds made available to Provider pursuant to this MOU.

10. Term

The term of this MOU is May 1, 2019 to April 30, 2020

11. Amendment

This MOU may be amended with the written agreement by both agencies.

IN WITNESS WHEREOF, the parties here to have caused this agreement to be executed this

BY Ken Vaughan
(Type or print name) Jefferson County Housing Authority Executive Director

Ken Vaughan
Signature

6/25/2019
Date

BY Mitchell Torner, Executive Director of AIDS AL.
(Type or print name) Executive Director/CEO

Mitchell Torner
Signature

6/25/19
Date
MEMORANDUM OF UNDERSTANDING BETWEEN JEFFERSON COUNTY HOUSING AUTHORITY (JCHA) AND VA HOMELESS PROGRAM

1. Background

The Jefferson County Housing Authority Continuum of Care (Shelter Plus Care) Program is funded by a grant from the United States Department of Housing and Urban Development (HUD). The Program is designed to provide both affordable housing and a full range of services to homeless individuals and families who are mentally ill, have chronic alcohol and drug problems, and/or have AIDS or related disorders.

2. Purpose of Memorandum of Understanding

Numerous service providers have committed to participate in the Continuum of Care (Shelter Plus Care) Program to provide necessary services to the target population. The purpose of this Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of an identified service provider and herinafter referred to as Provider, and the VA Homeless Program responsibilities of the Jefferson County Housing Authority.

3. Scope of Services

The Provider will be responsible for:
- The initial outreach to potential eligible participants.
- Screening and selection of eligible persons;
- Detailed assessment of clients;
- Case management services;
- Maintenance and documentation of case management records;
- Provision of crisis support services;
- Social rehabilitation and vocational support services as appropriate.
- Entering data of homeless clients into Service Point (HMIS – Homeless Management System).

4. Tenant Selection Criteria

- Applicants and participants of the Continuum of Care (Shelter Plus Care) Program must be clients designated as homeless, and have at least one diagnosis of: chronic substance abuse, severe mental illness, or HIV+ or related illness.
- Successful applicants must meet income and homelessness guidelines.
- Income Guidelines: Residents must be at or below 50% of area median income. Income verification is required.
- Homelessness: Per federal funding requirements, applicants must be homeless, as defined by the Department of Housing & Urban Development (HUD), i.e.:
Any individual who lacks a fixed, regular and adequate nighttime residence; any individual who has a primary nighttime residence that is: a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, b) a temporary residence for individuals intended to be institutionalized, c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. (Per HUD, only persons coming from emergency shelters, streets, and transitional housing for homeless persons, i.e., person must have been homeless prior to entering transitional housing, are eligible per HUD funded permanent housing projects.)

e. If the applicant has a history of substance abuse, he/she must be substance-free for the preceding 3 months prior to application. The Provider must supply supporting documentation of clean time with the application.

f. Applicants must be able to understand and carry out the rules and Family Obligations of the Continuum of Care (Shelter Plus Care) Program as well as the requirements of the lease with a landlord.

4. Indemnity and Insurance

Provider shall indemnify Jefferson County Housing Authority, its officers and employees, against any and all liability for injury and damage caused by any negligent or willful act or omission of Provider or any of Provider's employees, volunteers, in the performance of the duties specified in this MOU.

Jefferson County Housing Authority shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Worker's Compensation, Automobile, and Professional Insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the Jefferson County Housing Authority.

5. Record Keeping and Reporting

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete an current monthly service logs, application logs, and all related documents and records to assure proper accounting of funds and performance under the terms of this MOU.

6. Match Reporting

- Provider agrees to provide eligible match in supportive services equal to rental assistance payments made on behalf of provider’s clients.
- Provider will provide details of what constitutes hourly rates used on match documentation forms.
- Provider will make available all necessary documentation of supportive services rendered on an annual basis for audit purposes for the use and benefit of the JCHA.
- Provider will provide to the JCHA match documentation no later than 30 days following each fiscal Quarter. The due dates for match are as follows:
  1. First Quarter, January – March Match Due: April 30
  2. Second Quarter, April – June Match Due: July 30
3. Third Quarter, July – September Match Due: October 30
4. Fourth Quarter, October – December Match Due: January 30

7. Attendance at Meetings

Provider agrees to send at least one agency representative to the quarterly Continuum of Care (Shelter Plus Care) Agency Partnership meeting, usually held at the Jefferson County Housing Authority, at 3700 Industrial Parkway, Birmingham, AL 35217. Notifications will be sent in advance of the meetings.

Provider agrees to send at least one agency representative to the required monthly One Roof Continuum of Care meeting. Notifications will be sent in advance of the meetings.

8. Compliance with Federal Regulations

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care (Shelter Plus Care) Program, including, but not limited to, the requirements of 24 CFR part 85 (administrative requirements as detailed in OMB Circular A-102, and OMB Circular A-87), and 24 CFR part 24 (the use of debarred or suspended contractors). Provider will also comply with the requirement to maintain a Drug-free Workplace, pursuant to Section 401 of the McKinney Act and the Drug-free Workplace Act of 1988, and will comply with all statutes and regulations applicable to the delivery of the provider’s services. There will be no displacement of tenants or property owners through the provision of services pursuant to this MOU.

9. Nondiscrimination and Equal Opportunity

Provider agrees that no person shall, on the grounds of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in Continuum of Care (Shelter Plus Care) or funded in whole or in part with funds made available to Provider pursuant to this MOU.

10. Term

The term of this MOU is May 1, 2019 to April 30, 2020.

11. Amendment

This MOU may be amended with the written agreement by both agencies.

IN WITNESS WHEREOF, the parties here to have caused this agreement to be executed this
25th Day of June, 2019

BY Ken Vaughan
(Type or print name) Jefferson County Housing Authority Executive Director

[Signature]

6/25/2019
Date

BY Willie J. Fields
(Type or print name) Executive Director/CEO

[Signature]

6/25/2019
Date
MEMORANDUM OF UNDERSTANDING BETWEEN JEFFERSON COUNTY HOUSING AUTHORITY (JCHA) AND FIRST LIGHT

1. Background

The Jefferson County Housing Authority Continuum of Care (Shelter Plus Care) Program is funded by a grant from the United States Department of Housing and Urban Development (HUD). The Program is designed to provide both affordable housing and a full range of services to homeless individuals and families who are mentally ill, have chronic alcohol and drug problems, and/or have AIDS or related disorders.

2. Purpose of Memorandum of Understanding

Numerous service providers have committed to participate in the Continuum of Care (Shelter Plus Care) Program to provide necessary services to the target population. The purpose of this Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of an identified service provider and hereinafter referred to as Provider, and the FIRST LIGHT responsibilities of the Jefferson County Housing Authority.

3. Scope of Services

The Provider will be responsible for:
   a. The initial outreach to potential eligible participants.
   b. Screening and selection of eligible persons;
   c. Detailed assessment of clients;
   d. Case management services;
   e. Maintenance and documentation of case management records;
   f. Provision of crisis support services;
   g. Social rehabilitation and vocational support services as appropriate.
   h. Entering data of homeless clients into Service Point (HMIS – Homeless Management System).

4. Tenant Selection Criteria

   a. Applicants and participants of the Continuum of Care (Shelter Plus Care) Program must be clients designated as homeless, and have at least one diagnosis of: chronic substance abuse, severe mental illness, or HIV+ or related illness.

   b. Successful applicants must meet income and homelessness guidelines.

   c. Income Guidelines: Residents must be at or below 50% of area median income. Income verification is required.

   d. Homelessness: Per federal funding requirements, applicants must be homeless, as defined by the Department of Housing & Urban Development (HUD), i.e.:
Any individual who lacks a fixed, regular and adequate nighttime residence; any individual who has a primary nighttime residence that is: a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, b) a temporary residence for individuals intended to be institutionalized, c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. (Per HUD, only persons coming from emergency shelters, streets, and transitional housing for homeless persons, i.e., person must have been homeless prior to entering transitional housing, are eligible per HUD funded permanent housing projects.)

e. If the applicant has a history of substance abuse, he/she must be substance-free for the preceding 3 months prior to application. The Provider must supply supporting documentation of clean time with the application.

f. Applicants must be able to understand and carry out the rules and Family Obligations of the Continuum of Care (Shelter Plus Care) Program as well as the requirements of the lease with a landlord.

4. Indemnity and Insurance

Provider shall indemnify Jefferson County Housing Authority, its officers and employees, against any and all liability for injury and damage caused by any negligent or willful act or omission of Provider or any of Provider's employees, volunteers, in the performance of the duties specified in this MOU.

Jefferson County Housing Authority shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Worker's Compensation, Automobile, and Professional Insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the Jefferson County Housing Authority.

5. Record Keeping and Reporting

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete an current monthly service logs, application logs, and all related documents and records to assure proper accounting of funds and performance under the terms of this MOU.

6. Match Reporting

- Provider agrees to provide eligible match in supportive services equal to rental assistance payments made on behalf of provider's clients.
- Provider will provide details of what constitutes hourly rates used on match documentation forms.
- Provider will make available all necessary documentation of supportive services rendered on an annual basis for audit purposes for the use and benefit of the JCHA.
- Provider will provide to the JCHA match documentation no later than 30 days following each fiscal Quarter. The due dates for match are as follows:
  1. First Quarter, January – March          Match Due: April 30
  2. Second Quarter, April – June          Match Due: July 30
3. Third Quarter, July – September Match Due: October 30
4. Fourth Quarter, October – December Match Due: January 30

7. Attendance at Meetings

Provider agrees to send at least one agency representative to the quarterly Continuum of Care (Shelter Plus Care) Agency Partnership meeting, usually held at the Jefferson County Housing Authority, at 3700 Industrial Parkway, Birmingham, AL 35217. Notifications will be sent in advance of the meetings.

Provider agrees to send at least one agency representative to the required monthly One Roof Continuum of Care meeting. Notifications will be sent in advance of the meetings.

8. Compliance with Federal Regulations

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care (Shelter Plus Care) Program, including, but not limited to, the requirements of 24 CFR part 85 (administrative requirements as detailed in OMB Circular A-102, and OMB Circular A-87), and 24 CFR part 24 (the use of debarred or suspended contractors). Provider will also comply with the requirement to maintain a Drug-free Workplace, pursuant to Section 401 of the McKinney Act and the Drug-free Workplace Act of 1988, and will comply with all statutes and regulations applicable to the delivery of the provider’s services. There will be no displacement of tenants or property owners through the provision of services pursuant to this MOU.

9. Nondiscrimination and Equal Opportunity

Provider agrees that no person shall, on the grounds of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in Continuum of Care (Shelter Plus Care) or funded in whole or in part with funds made available to Provider pursuant to this MOU.

10. Term

The term of this MOU is May 1, 2019 to April 30, 2020

11. Amendment

This MOU may be amended with the written agreement by both agencies.

IN WITNESS WHEREOF, the parties here to have caused this agreement to be executed this

By: Ken Vaughan
(Type or print name) Jefferson County Housing Authority Executive Director

Signature

7/12/19
Date

By: Ruth G. Crosby
(Type or print name) Executive Director/CEO

Signature

6/25/19
Date
MEMORANDUM OF UNDERSTANDING BETWEEN JEFFERSON COUNTY HOUSING AUTHORITY (JCHA) AND DISCIPLING MEN AND WOMEN FOR CHRIST MINISTRIES

1. Background

The Jefferson County Housing Authority Continuum of Care (Shelter Plus Care) Program is funded by a grant from the United States Department of Housing and Urban Development (HUD). The Program is designed to provide both affordable housing and a full range of services to homeless individuals and families who are mentally ill, have chronic alcohol and drug problems, and/or have AIDS or related disorders.

2. Purpose of Memorandum of Understanding

Numerous service providers have committed to participate in the Continuum of Care (Shelter Plus Care) Program to provide necessary services to the target population. The purpose of this Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of an identified service provider and hereinafter referred to as Provider, and the Discipling Men & Women for Christ Ministries responsibilities of the Jefferson County Housing Authority.

3. Scope of Services

The Provider will be responsible for:
   a. The initial outreach to potential eligible participants.
   b. Screening and selection of eligible persons;
   c. Detailed assessment of clients;
   d. Case management services;
   e. Maintenance and documentation of case management records;
   f. Provision of crisis support services;
   g. Social rehabilitation and vocational support services as appropriate.
   h. Entering data of homeless clients into Service Point (HMIS – Homeless Management System).

4. Tenant Selection Criteria

   a. Applicants and participants of the Continuum of Care (Shelter Plus Care) Program must be clients designated as homeless, and have at least one diagnosis of: chronic substance abuse, severe mental illness, or HIV+ or related illness.

   b. Successful applicants must meet income and homelessness guidelines.

   c. Income Guidelines: Residents must be at or below 50% of area median income. Income verification is required.

   d. Homelessness: Per federal funding requirements, applicants must be homeless, as defined by the Department of Housing & Urban Development (HUD), i.e.:
Any individual who lacks a fixed, regular and adequate nighttime residence; any individual who has a primary nighttime residence that is: a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, b) a temporary residence for individuals intended to be institutionalized, c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. (Per HUD, only persons coming from emergency shelters, streets, and transitional housing for homeless persons, i.e., person must have been homeless prior to entering transitional housing, are eligible per HUD funded permanent housing projects.)

e. If the applicant has a history of substance abuse, he/she must be substance-free for the preceding 3 months prior to application. The Provider must supply supporting documentation of clean time with the application.

f. Applicants must be able to understand and carry out the rules and Family Obligations of the Continuum of Care (Shelter Plus Care) Program as well as the requirements of the lease with a landlord.

4. Indemnity and Insurance

Provider shall indemnify Jefferson County Housing Authority, its officers and employees, against any and all liability for injury and damage caused by any negligent or willful act or omission of Provider or any of Provider’s employees, volunteers, in the performance of the duties specified in this MOU.

Jefferson County Housing Authority shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Worker’s Compensation, Automobile, and Professional Insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the Jefferson County Housing Authority.

5. Record Keeping and Reporting

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete an current monthly service logs, application logs, and all related documents and records to assure proper accounting of funds and performance under the terms of this MOU.

6. Match Reporting

- Provider agrees to provide eligible match in supportive services equal to rental assistance payments made on behalf of provider’s clients.
- Provider will provide details of what constitutes hourly rates used on match documentation forms.
- Provider will make available all necessary documentation of supportive services rendered on an annual basis for audit purposes for the use and benefit of the JCHA.
- Provider will provide to the JCHA match documentation no later than 30 days following each fiscal Quarter. The due dates for match are as follows:
  1. First Quarter, January – March Match Due: April 30
  2. Second Quarter, April – June Match Due: July 30
3. Third Quarter, July – September  
   Match Due: October 30
4. Fourth Quarter, October – December  
   Match Due: January 30

7. Attendance at Meetings

Provider agrees to send at least one agency representative to the quarterly Continuum of Care (Shelter Plus Care) Agency Partnership meeting, usually held at the Jefferson County Housing Authority, at 3700 Industrial Parkway, Birmingham, AL 35217. Notifications will be sent in advance of the meetings.

Provider agrees to send a least one agency representative to the required monthly One Roof Continuum of Care meeting. Notifications will be sent in advance of the meetings.

8. Compliance with Federal Regulations

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care (Shelter Plus Care) Program, including, but not limited to, the requirements of 24 CFR part 85 (administrative requirements as detailed in OMB Circular A-102, and OMB Circular A-87), and 24 CFR part 24 (the use of debarred or suspended contractors). Provider will also comply with the requirement to maintain a Drug-free Workplace, pursuant to Section 401 of the McKinney Act and the Drug-free Workplace Act of 1988, and will comply with all statutes and regulations applicable to the delivery of the provider’s services. There will be no displacement of tenants or property owners through the provision of services pursuant to this MOU.

9. Nondiscrimination and Equal Opportunity

Provider agrees that no person shall, on the grounds of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in Continuum of Care (Shelter Plus Care) or funded in whole or in part with funds made available to Provider pursuant to this MOU.

10. Term

The term of this MOU is May 1, 2019 to April 30, 2020

11. Amendment

This MOU may be amended with the written agreement by both agencies.

IN WITNESS WHEREOF, the parties here to have caused this agreement to be executed this
10th Day of June, 2019

BY Ken Vaughan
(Type or print name) Jefferson County Housing Authority Executive Director

Signature

06/10/2019
Date

BY Pastor Ralph Grath
(Type or print name) Executive Director/CEO

Signature

06/16/2019
Date
MEMORANDUM OF UNDERSTANDING BETWEEN JEFFERSON COUNTY HOUSING AUTHORITY (JCHA) AND JEFFERSON COUNTY COMMUNITY CORRECTIONS PROGRAM

1. Background

The Jefferson County Housing Authority Continuum of Care (Shelter Plus Care) Program is funded by a grant from the United States Department of Housing and Urban Development (HUD). The Program is designed to provide both affordable housing and a full range of services to homeless individuals and families who are mentally ill, have chronic alcohol and drug problems, and/or have AIDS or related disorders.

2. Purpose of Memorandum of Understanding

Numerous service providers have committed to participate in the Continuum of Care (Shelter Plus Care) Program to provide necessary services to the target population. The purpose of this Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of an identified service provider and hereinafter referred to as Provider, and the Jefferson County Community Corrections Program, responsibilities of the Jefferson County Housing Authority.

3. Scope of Services

The Provider will be responsible for:
   a. The initial outreach to potential eligible participants.
   b. Screening and selection of eligible persons;
   c. Detailed assessment of clients;
   d. Case management services;
   e. Maintenance and documentation of case management records;
   f. Provision of crisis support services;
   g. Social rehabilitation and vocational support services as appropriate.
   h. Entering data of homeless clients into Service Point (HMIS – Homeless Management System).

4. Tenant Selection Criteria

   a. Applicants and participants of the Continuum of Care (Shelter Plus Care) Program must be clients designated as homeless, and have at least one diagnosis of: chronic substance abuse, severe mental illness, or HIV+ or related illness.

   b. Successful applicants must meet income and homelessness guidelines.

   c. Income Guidelines: Residents must be at or below 50% of area median income. Income verification is required.
d. Homelessness: Per federal funding requirements, applicants must be homeless, as defined by the Department of Housing & Urban Development (HUD), i.e.: Any individual who lacks a fixed, regular and adequate nighttime residence; any individual who has a primary nighttime residence that is: a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, b) a temporary residence for individuals intended to be institutionalized, c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. (Per HUD, only persons coming from emergency shelters, streets, and transitional housing for homeless persons, i.e., persons must have been homeless prior to entering transitional housing, are eligible for HUD funded permanent housing projects.)

e. If the applicant has a history of substance abuse, he/she must be substance-free for the preceding 3 months prior to application. The Provider must supply supporting documentation of clean time with the application.

f. Applicants must be able to understand and carry out the rules and Family Obligations of the Continuum of Care (Shelter Plus Care) Program as well as the requirements of the lease with a landlord.

4. Indemnity and Insurance

Provider shall indemnify Jefferson County Housing Authority, its officers and employees, against any and all liability for injury and damage caused by any negligent or willful act or omission of Provider or any of Provider’s employees, volunteers, in the performance of the duties specified in this MOU.

Jefferson County Housing Authority shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Worker’s Compensation, Automobile, and Professional Insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the Jefferson County Housing Authority.

5. Record Keeping and Reporting

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete an current monthly service logs, application logs, and all related documents and records to assure proper accounting of funds and performance under the terms of this MOU.

6. Match Reporting

- Provider agrees to provide eligible match in supportive services equal to rental assistance payments made on behalf of provider’s clients.
- Provider will provide details of what constitutes hourly rates used on match documentation forms.
- Provider will make available all necessary documentation of supportive services rendered on an annual basis for audit purposes for the use and benefit of the JCHA.
- Provider will provide to the JCHA match documentation no later than 30 days following each fiscal Quarter. The due dates for match are as follows:
7. Attendance at Meetings

Provider agrees to send at least one agency representative to the quarterly Continuum of Care (Shelter Plus Care) Agency Partnership meeting, usually held at the Jefferson County Housing Authority, at 3700 Industrial Parkway, Birmingham, AL 35217. Notifications will be sent in advance of the meetings.

Provider agrees to send a least one agency representative to the required monthly One Roof Continuum of Care meeting. Notifications will be sent in advance of the meetings.

8. Compliance with Federal Regulations

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care (Shelter Plus Care) Program, including, but not limited to, the requirements of 24 CFR part 85 (administrative requirements as detailed in OMB Circular A-102, and OMB Circular A-87), and 24 CFR part 24 (the use of debarred or suspended contractors). Provider will also comply with the requirement to maintain a Drug-free Workplace, pursuant to Section 401 of the McKinney Act and the Drug-free Workplace Act of 1988, and will comply with all statutes and regulations applicable to the delivery of the provider’s services. There will be no displacement of tenants or property owners through the provision of services pursuant to this MOU.

9. Nondiscrimination and Equal Opportunity

Provider agrees that no person shall, on the grounds of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or program participating in Continuum of Care (Shelter Plus Care) or funded in whole or in part with funds made available to Provider pursuant to this MOU.

10. Term

The term of this MOU is May 1, 2019 to April 30, 2020

11. Amendment

This MOU may be amended with the written agreement by both agencies.
IN WITNESS WHEREOF, the parties here to have caused this agreement to be executed this

18th Day of June, 2019.

BY Ken Vaughan
(Type or print name) Jefferson County Housing Authority Executive Director

Signature

6/18/2019
Date

BY
(Type or print name) Executive Director/CEO

Signature

6-17-19
Date
MEMORANDUM OF UNDERSTANDING BETWEEN JEFFERSON COUNTY HOUSING AUTHORITY (JCHA) AND UAB BEACON RECOVERY

1. Background

The Jefferson County Housing Authority Continuum of Care (Shelter Plus Care) Program is funded by a grant from the United States Department of Housing and Urban Development (HUD). The Program is designed to provide both affordable housing and a full range of services to homeless individuals and families who are mentally ill, have chronic alcohol and drug problems, and/or have AIDS or related disorders.

2. Purpose of Memorandum of Understanding

Numerous service providers have committed to participate in the Continuum of Care (Shelter Plus Care) Program to provide necessary services to the target population. The purpose of this Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of an identified service provider and hereinafter referred to as Provider, and the UAB BEACON RECOVERY responsibilities of the Jefferson County Housing Authority.

3. Scope of Services

The Provider will be responsible for:

a. The initial outreach to potential eligible participants.
b. Screening and selection of eligible persons;c. Detailed assessment of clients;d. Case management services;e. Maintenance and documentation of case management records;f. Provision of crisis support services;g. Social rehabilitation and vocational support services as appropriate.;h. Entering data of homeless clients into Service Point (HMIS – Homeless Management System).

4. Tenant Selection Criteria

a. Applicants and participants of the Continuum of Care (Shelter Plus Care) Program must be clients designated as homeless, and have at least one diagnosis of chronic substance abuse, severe mental illness, or HIV+ or related illness.

b. Successful applicants must meet income and homelessness guidelines.

c. Income Guidelines: Residents must be at or below 50% of area median income. Income verification is required.

d. Homelessness: Per federal funding requirements, applicants must be homeless, as defined by the Department of Housing & Urban Development (HUD), i.e.
Any individual who lacks a fixed, regular and adequate nighttime residence; any individual who has a primary nighttime residence that is a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, b) a temporary residence for individuals intended to be institutionalized, c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. (Per HUD, only persons coming from emergency shelters, streets, and
transitional housing for homeless persons, i.e., person must have been homeless prior to entering transitional housing, are eligible per HUD funded permanent housing projects.

e. If the applicant has a history of substance abuse, he/she must be substance-free for the preceding 3 months prior to application. The Provider must supply supporting documentation of clean time with the application.

f. Applicants must be able to understand and carry out the rules and Family Obligations of the Continuum of Care (Shelter Plus Care) Program as well as the requirements of the lease with a landlord.

4. Indemnity and Insurance

Provider shall indemnify Jefferson County Housing Authority, its officers and employees, against any and all liability for injury and damage caused by any negligent or willful act or omission of Provider or any of Provider’s employees, volunteers, in the performance of the duties specified in this MOU.

Jefferson County Housing Authority shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Worker’s Compensation, Automobile, and Professional Insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the Jefferson County Housing Authority.

5. Record Keeping and Reporting

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete an current monthly service logs, application logs, and all related documents and records to assure proper accounting of funds and performance under the terms of this MOU.

6. Match Reporting

- Provider agrees to provide eligible match in supportive services equal to rental assistance payments made on behalf of provider’s clients.
- Provider will provide details of what constitutes hourly rates used on match documentation forms.
- Provider will make available all necessary documentation of supportive services rendered on an annual basis for audit purposes for the use and benefit of the JCHA.
- Provider will provide to the JCHA match documentation no later than 30 days following each fiscal Quarter. The due dates for match are as follows:
  1. First Quarter, January – March Match Due: April 30
  2. Second Quarter, April – June Match Due: July 30
  3. Third Quarter, July – September Match Due: October 30
  4. Fourth Quarter, October – December Match Due: January 30

7. Attendance at Meetings

Provider agrees to send at least one agency representative to the quarterly Continuum of Care (Shelter Plus Care) Agency Partnership meeting, usually held at the Jefferson County Housing Authority, at 3700 Industrial Parkway, Birmingham, AL 35217. Notifications will be sent in advance of the meetings.

Provider agrees to send at least one agency representative to the required monthly One Roof Continuum of Care meeting. Notifications will be sent in advance of the meetings.
8. Compliance with Federal Regulations

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care (Shelter Plus Care) Program, including, but not limited to, the requirements of 24 CFR part 85 (administrative requirements as detailed in OMB Circular A-102, and OMB Circular A-87), and 24 CFR part 24 (the use of debarred or suspended contractors). Provider will also comply with the requirement to maintain a Drug-Free Workplace pursuant to Section 901 of the McKinney Act and the Drug Free Workplace Act of 1988, and will comply with all statutes and regulations applicable to the delivery of the provider's services. There will be no displacement of tenants or property owners through the provision of services pursuant to this MOU.

9. Nondiscrimination and Equal Opportunity

Provider agrees that no person shall, on the grounds of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in Continuum of Care (Shelter Plus Care) or funded in whole or in part with funds made available to Provider pursuant to this MOU.

10. Term

The term of this MOU is May 1, 2019 to April 30, 2020

11. Amendment

This MOU may be amended with the written agreement by both agencies.

IN WITNESS WHEREOF, the parties here to have caused this agreement to be executed this

5th Day of August 2019

BY Ken Vaughan
(Type or print name) Jefferson County Housing Authority Executive Director

[Signature]

8/5/2019
Date

BY John A. Dantzler, Ph.D.
(Type or print name) Executive Director/CEO

[Signature]

7/23/19
Date
MEMORANDUM OF UNDERSTANDING BETWEEN JEFFERSON COUNTY HOUSING AUTHORITY (JCHA) AND THE LOVELADY CENTER

1. Background

The Jefferson County Housing Authority Continuum of Care (Shelter Plus Care) Program is funded by a grant from the United States Department of Housing and Urban Development (HUD). The Program is designed to provide both affordable housing and a full range of services to homeless individuals and families who are mentally ill, have chronic alcohol and drug problems, and/or have AIDS or related disorders.

2. Purpose of Memorandum of Understanding

Numerous service providers have committed to participate in the Continuum of Care (Shelter Plus Care) Program to provide necessary services to the target population. The purpose of this Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of an identified service provider and hereinafter referred to as Provider, and the Lovelady Center responsibilities of the Jefferson County Housing Authority.

3. Scope of Services

The Provider will be responsible for:

a. The initial outreach to potential eligible participants.

b. Screening and selection of eligible persons;

c. Detailed assessment of clients;

d. Case management services;

e. Maintenance and documentation of case management records;

f. Provision of crisis support services;

g. Social rehabilitation and vocational support services as appropriate.

h. Entering data of homeless clients into Service Point (HMIS – Homeless Management System).

4. Tenant Selection Criteria

a. Applicants and participants of the Continuum of Care (Shelter Plus Care) Program must be clients designated as homeless, and have at least one diagnosis of: chronic substance abuse, severe mental illness, or HIV+ or related illness.

b. Successful applicants must meet income and homelessness guidelines.

c. Income Guidelines: Residents must be at or below 50% of area median income. Income verification is required.

d. Homelessness: Per federal funding requirements, applicants must be homeless, as defined by the Department of Housing & Urban Development (HUD), i.e.: Any individual who lacks a fixed, regular and adequate nighttime residence; any individual who has a primary nighttime residence that is: a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, b) a
temporary residence for individuals intended to be institutionalized, c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. (Per HUD, only persons coming from emergency shelters, streets, and transitional housing for homeless persons, i.e., person must have been homeless prior to entering transitional housing, are eligible per HUD funded permanent housing projects.)

e. If the applicant has a history of substance abuse, he/she must be substance-free for the preceding 3 months prior to application. The Provider must supply supporting documentation of clean time with the application.

f. Applicants must be able to understand and carry out the rules and Family Obligations of the Continuum of Care (Shelter Plus Care) Program as well as the requirements of the lease with a landlord.

4. Indemnity and Insurance

Provider shall indemnify Jefferson County Housing Authority, its officers and employees, against any and all liability for injury and damage caused by any negligent or willful act or omission of Provider or any of Provider's employees, volunteers, in the performance of the duties specified in this MOU.

Jefferson County Housing Authority shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Worker's Compensation, Automobile, and Professional Insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the Jefferson County Housing Authority.

5. Record Keeping and Reporting

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete an current monthly service logs, application logs, and all related documents and records to assure proper accounting of funds and performance under the terms of this MOU.

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  3. Third Quarter, July – September Match Due: October 30
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Provider agrees to send a least one agency representative to the required monthly One Roof Continuum of Care meeting. Notifications will be sent in advance of the meetings.

8. Compliance with Federal Regulations

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care (Shelter Plus Care) Program, including, but not limited to, the requirements of 24 CFR part 85 (administrative requirements as detailed in OMB Circular A-102, and OMB Circular A-87), and 24 CFR part 24 (the use of debarred or suspended contractors). Provider will also comply with the requirement to maintain a Drug-free Workplace, pursuant to Section 401 of the McKinney Act and the Drug-free Workplace Act of 1988, and will comply with all statutes and regulations applicable to the delivery of the provider’s services. There will be no displacement of tenants or property owners through the provision of services pursuant to this MOU.

9. Nondiscrimination and Equal Opportunity

Provider agrees that no person shall, on the grounds of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in Continuum of Care (Shelter Plus Care) or funded in whole or in part with funds made available to Provider pursuant to this MOU.

10. Term

The term of this MOU is May 1, 2019 to April 30, 2020

11. Amendment

This MOU may be amended with the written agreement by both agencies.

IN WITNESS WHEREOF, the parties here to have caused this agreement to be executed this 

21 Day of August, 2019.
BY Ken Vaughan
(Type or print name) Jefferson County Housing Authority Executive Director

Signature

8/21/2019
Date

BY Melinda McGhee
(Type or print name) Executive Director/CEO

Signature

8/31/19
Date
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
If "Other", specify:
3. Date Received: 08/27/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: AL0127

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of 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 X

6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: AIDS Alabama, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1727755
   c. Organizational DUNS: 834432999
   d. Address
      Street 1: 3529 7th Avenue South
      City: Birmingham
      County: Jefferson
      State: Alabama
      Country: United States
      Zip / Postal Code: 35222
   e. Organizational Unit (optional)
      Department Name: CoC Programs
      Division Name: 
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mrs.
      First Name: Byanca
      Middle Name: 
      Last Name: Underwood
      Suffix: 
      Title: CoC Director
      Organizational Affiliation: AIDS Alabama, Inc.
      Telephone Number: (205) 324-9822
Extension:
Fax Number:  (205) 324-9311
Email:  byanca.underwood@aidsalabama.org
1C. SF-424 Application Details

9. **Type of Applicant:**  M. Nonprofit with 501C3 IRS Status

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

11. **Catalog of Federal Domestic Assistance**
   - **Title:**  CoC Program
   - **CFDA Number:**  14.267

12. **Funding Opportunity Number:**  FR-6300-N-25
   - **Title:**  Continuum of Care Homeless Assistance Competition

13. **Competition Identification Number:**
   - **Title:**  

---

Applicant: AIDS Alabama
Project: Ascension Project Consolidated FY2019

Renewal Project Application FY2019  Page 5  09/26/2019
1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant’s Project: Ascension Project Consolidated FY2019

16. Congressional District(s):
   a. Applicant: AL-001, AL-002, AL-003, AL-004, AL-007, AL-006, AL-005
      (for multiple selections hold CTRL key)
   b. Project: AL-007, AL-006
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 09/01/2020
   b. End Date: 08/31/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?  
b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?  
   No

   If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Kathie
Middle Name: Marie
Last Name: Hiers
Suffix:
Title: Chief Executive Officer

Telephone Number: (205) 324-9822
(Format: 123-456-7890)

Fax Number: (205) 324-9311
(Format: 123-456-7890)

Email: Kathie@aidsalabama.org

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

Date Signed: 08/27/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: AIDS Alabama, Inc.
Prefix: Ms.
First Name: Kathie
Middle Name: Marie
Last Name: Hiers
Suffix:
Title: Chief Executive Officer
Organizational Affiliation: AIDS Alabama, Inc.
Telephone Number: (205) 324-9822
Extension: 2437
Email: Kathie@aidsalabama.org
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip/Postal Code: 35222

2. Employer ID Number (EIN): 58-1727755

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $982,136.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:
Ascension Project Consolidated FY2019 3529 7th Avenue South Birmingham Alabama

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

Part I Threshold Determinations

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

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

Yes

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Department of Housing and Urban Development</td>
<td>HOPWA</td>
<td>$441,628.06</td>
<td>PLWHHA Housing and Supportive Services</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>0.0</td>
<td>NA</td>
</tr>
<tr>
<td>NA</td>
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<td>$0.00</td>
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<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).
Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)

<table>
<thead>
<tr>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
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<tr>
<td>NA</td>
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<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Kathie Hiers, Chief Executive Officer

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

Date Signed: 07/25/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: AIDS Alabama, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

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

Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. 

---

Renewal Project Application FY2019  Page 12  09/26/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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

Authorized Representative

Prefix: Ms.
First Name: Kathie
Middle Name: Marie
Last Name: Hiers
Suffix:
Title: Chief Executive Officer
Telephone Number: (205) 324-9822
(Format: 123-456-7890)
Fax Number: (205) 324-9311
(Format: 123-456-7890)
Email: Kathie@aidsalabama.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/27/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

[Signature]

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

Applicant’s Organization: AIDS Alabama, Inc.

Name / Title of Authorized Official: Kathie Hiers, Chief Executive Officer

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

Date Signed: 08/27/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

Answer “No” if your organization is NOT engaged in lobbying.

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

Legal Name: AIDS Alabama, Inc.
Street 1: 3529 7th Avenue South
Street 2: 
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip / Postal Code: 35222

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

I certify that this information is true and complete. X
Authorized Representative

Prefix: Ms.
First Name: Kathie
Middle Name: Marie
Last Name: Hiers

Title: Chief Executive Officer
Telephone Number: (205) 324-9822
(Format: 123-456-7890)
Fax Number: (205) 324-9311
(Format: 123-456-7890)
Email: Kathie@aidsalabama.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/27/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

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
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  
   If "No" click on "Next" or "Save & Next" below to move to the next screen.  
   
   No
This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

**Total Expected Sub-Awards:** $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AL0127
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

2b. CoC Collaborative Applicant Name: One Roof

3. Project Name: Ascension Project Consolidated FY2019

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

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

AIDS Alabama’s (AAI) Ascension Project Consolidation is a Housing First, scatter site rapid re-housing program targeting youth 19–24 with an emphasis on those who self-identify as LGBTQ providing the lowest barriers to entry, whereas the RRH program serving any homeless individuals and families coming directly from the streets or ES.

Outreach partners with ES (Salvation Army, First Light, and Firehouse [FH]), street outreach teams (FH, Urban Ministry), safe havens (Pathways, FH) and One Roof’s (OR) Coordinated Assessment to identify participants. Participants are assessed and served based on severity of need as identified by the CoC. AAI recognizes the continued need for RRH for those at risk for HIV and for those in St. Clair and Shelby counties with the lowest barrier possible. The National HIV/AIDS Strategy notes the need to reduce disparities in new HIV diagnoses and the Southern U.S. is noted as a specific population due to over half of new diagnoses occurring within this region. The increase in risky behaviors related to homelessness results in increased risk of HIV. AAI believes that by offering supportive services such as counseling, assistance in accessing mainstream resources, legal assistance, mentoring, educational services, basic life skills training, and employment assistance, we offer clients tools needed to achieve personal growth and responsibility. Once housing and personal stability is achieved, the participants will have the tools to continue without assistance or transition to other subsidized or non-subsidized permanent housing. Recognizing that each client’s needs are unique, caseworkers evaluate the term and percentage of assistance initially and then again on a quarterly basis. The case management plan will be developed and reviewed monthly to outline the goals necessary to obtain self-sufficiency gradually with an emphasis on assuming greater responsibility regarding housing stability. As a Housing First program, the continuance of housing will not be contingent on success toward the applicable goals.

AIDS Alabama will continue to address this particularly vulnerable LGBTQ subpopulation by making available safe appropriate housing and support services without further segregating the community by developing an exclusive program. In offering a variety of unit sizes, the program supports the Continuum’s goal of ending both youth and family homelessness by the end of 2020 in addition to the larger goal of ending all homelessness.

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

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

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 24</td>
</tr>
</tbody>
</table>
### 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.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3d. Does the project follow a "Housing First" approach?**

Yes
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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

3. Do project participants have access to

Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select “Make Changes” in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 49
### Total Beds: 101

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>---</td>
<td>49</td>
<td>101</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

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

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  49
   b. Beds:  101

3. Address

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

   Street 1:  3529 7th Avenue South
   Street 2:  
   City:  Birmingham
   State:  Alabama
   ZIP Code:  35222

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

   019115 St. Clair County, 019117 Shelby County, 010228 Birmingham, 019073 Jefferson County, 010216 Bessemer
5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>25</td>
<td>24</td>
<td>0</td>
<td>49</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>28</td>
<td>22</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>6</td>
<td>6</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>39</td>
<td>0</td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>73</td>
<td>28</td>
<td>0</td>
<td>101</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>25</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>13</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>39</td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>70</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>14</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>20</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>26</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>11</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>--------------------------------</td>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unaccompanied Children under age 18</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Rental Assistance  X
   - Supportive Services  X
   - HMIS  X
6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>AL - Birmingham-Hoover, AL HUD Metro ...</td>
<td>39</td>
<td>$412,848</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $412,848
Total Units: 39
**Rental Assistance Budget Detail**

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** AL - Birmingham-Hoover, AL HUD Metro FMR Area (0100799999)

**Does the applicant request rental assistance funding for less than the area’s per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$519</td>
<td>$519</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$692</td>
<td>$692</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>18</td>
<td>$768</td>
<td>$768</td>
<td>x 12</td>
<td>= $165,888</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>14</td>
<td>$882</td>
<td>$882</td>
<td>x 12</td>
<td>= $148,176</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>7</td>
<td>$1,176</td>
<td>$1,176</td>
<td>x 12</td>
<td>= $98,784</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,315</td>
<td>$1,315</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,512</td>
<td>$1,512</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,710</td>
<td>$1,710</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,907</td>
<td>$1,907</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,104</td>
<td>$2,104</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,301</td>
<td>$2,301</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td>39</td>
<td>$412,848</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Grant Term**

1 Year

**Total Request for Grant Term**

$412,848

Click the 'Save' button to automatically calculate totals.
6D. 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$245,534</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$245,534</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:
Ryan White, SAMHSA, and Medicaid Targeted Case management.

1b. Estimate the amount of program income that will be used as Match for this project: $78,013

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>AIDS Alabama (HOP...</td>
<td>07/21/2019</td>
<td>$245,534</td>
</tr>
</tbody>
</table>
Sources of Match Detail

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: AIDS Alabama (HOPWA State, MEDICAID, Ryan White, SAMHSA, and Legislative)
5. Date of Written Commitment: 07/21/2019
6. Value of Written Commitment: $245,534
6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$412,848</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$464,065</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$21,110</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$898,023</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$84,113</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$982,136</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$245,534</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$245,534</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$1,227,670</td>
</tr>
</tbody>
</table>

Applicant: AIDS Alabama
Project: Ascension Project Consolidated FY2019

834432999

173423

Renewal Project Application FY2019

Page 38

09/26/2019
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>IRS Letter</td>
<td>08/01/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Match Letter</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: IRS Letter

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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: Kathie Hiers

Date: 08/27/2019

Title: Chief Executive Officer

Applicant Organization: AIDS Alabama, Inc.
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
</tr>
<tr>
<td>3B. Description</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td>4B. Housing Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
</tr>
</thead>
</table>

Applicant: AIDS Alabama
Project: Ascension Project Consolidated FY2019
834432999
173423

Renewal Project Application FY2019 Page 44 09/26/2019
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3b. Updates required to reflect the project post approval of consolidation.

6d/6e. Match requirement increased from $243,671 to $245,534 and the match documentation must be updated to reflect this change.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>07/25/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>07/25/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>1E.</td>
<td>SF-424 Compliance</td>
</tr>
<tr>
<td>1F.</td>
<td>SF-424 Declaration</td>
</tr>
<tr>
<td>1G.</td>
<td>HUD-2880</td>
</tr>
<tr>
<td>1H.</td>
<td>HUD-50070</td>
</tr>
<tr>
<td>1I.</td>
<td>Cert. Lobbying</td>
</tr>
<tr>
<td>1J.</td>
<td>SF-LLL</td>
</tr>
<tr>
<td>3A.</td>
<td>Project Detail</td>
</tr>
<tr>
<td>3B.</td>
<td>Description</td>
</tr>
<tr>
<td>4A.</td>
<td>Services</td>
</tr>
<tr>
<td>4B.</td>
<td>Housing Type</td>
</tr>
<tr>
<td>5A.</td>
<td>Households</td>
</tr>
<tr>
<td>5B.</td>
<td>Subpopulations</td>
</tr>
<tr>
<td>6A.</td>
<td>Funding Request</td>
</tr>
<tr>
<td>6C.</td>
<td>Rental Assistance</td>
</tr>
<tr>
<td>6D.</td>
<td>Match</td>
</tr>
<tr>
<td>6E.</td>
<td>Summary Budget</td>
</tr>
<tr>
<td>7A.</td>
<td>Attachment(s)</td>
</tr>
<tr>
<td>7B.</td>
<td>Certification</td>
</tr>
<tr>
<td>7B.</td>
<td>Submission Without Changes</td>
</tr>
</tbody>
</table>
AIDS ALABAMA INC
3521 7TH AVE S
BIRMINGHAM AL 35222

Employer Identification Number: 58-1727755
Person to Contact: Exempt Organizations
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 09, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1987.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.
AIDS ALABAMA INC
3521 7TH AVE S
BIRMINGHAM AL 35222

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

Sincerely yours,

Sharon Davies
Accounts Management I
Date: April 27, 2001

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on November 29, 1999. We have updated our records to reflect the name change as indicated above.

Our records indicate that a determination letter issued in May 1987 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) & 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.
July 21, 2019

U.S Department of Housing and Urban Development
Continuum of Care Program (CoC)
Washington, DC 20410-7000

To Whom It May Concern:

Please accept this documentation indicating a strong financial commitment by AIDS Alabama and the grant sources listed below in granting such funds for the Ascension RRH Consolidated CoC project. The amounts listed below will be used as match/leverage funds to facilitate the renewal of the 2019-2020 Ascension RRH Consolidated grant application.

1. Match (Cash) – AIDS Alabama (HOPWA State, Medicaid, Ryan White, and Legislative) - $245,534.00
2. Leverage (Cash) – AIDS Alabama (HOPWA State, HOPWA City, HRSA, Foundations, and Legislative) - $1,924,958.00

These match/leverage funds are conditioned on the approval of the award amount. AIDS Alabama pledges that membership dues will be paid in a timely manner to One Roof at the rate of 2% of the total grant amount to partially cover the expenses related to operating the Continuum of Care and the local HMIS implementation. Please contact our office at 205-324-9822 with any questions regarding these funds.

Sincerely,

Mitch Tarver
Executive Director, AIDS Alabama

AIDS Alabama
3529 7th Avenue, South
P. O. Box 55703
Birmingham, AL 35222
(205) 324-9822
July 21, 2019

U.S Department of Housing and Urban Development
Continuum of Care Program (CoC)
Washington, DC 20410-7000

To Whom It May Concern:

Please accept this documentation indicating a strong financial commitment by AIDS Alabama and the grant sources listed below in granting such funds for the Le Transclusive Consolidated CoC project. The amounts listed below will be used as match/leverage funds to facilitate the renewal of the 2019-2020 Le Transclusive Consolidated CoC project grant application.

1. Match (In-Kind) - AIDS Alabama (Main Office and Living Well Center Rent and Utilities) - $15,983.00
2. Match (Cash) – AIDS Alabama (Ryan White, Medicaid, Program Income) - $20,100.00
3. Match (Cash) – AIDS Alabama (Legislative, HOWPA City, HOPWA State, Medicaid, Ryan White) - $74,208
4. Leverage (Cash) – AIDS Alabama (HOPWA State, HOPWA City, HRSA, Foundations, and Legislative) - $833,282.00

These match/leverage funds are conditioned on the approval of the award amount. AIDS Alabama pledges that membership dues will be paid in a timely manner to One Roof at the rate of 2% of the total grant amount to partially cover the expenses related to operating the Continuum of Care and the local HMIS implementation. Please contact our office at 205-324-9822 with any questions regarding these funds.

Sincerely,

Mitch Tarver
Executive Director
AIDS Alabama
3529 7th Avenue, South
P. O. Box 55703
Birmingham, AL 35222
(205) 324-9822
July 21, 2019

U.S Department of Housing and Urban Development
Continuum of Care Program (CoC)
Washington, DC 20410-7000

To Whom It May Concern:

Please accept this documentation indicating a strong financial commitment by AIDS Alabama and the grant sources listed below in granting such funds for the Way Station CoC project. The amounts listed below will be used as match/leverage funds to facilitate the 2019-2020 Way Station grant application.

1. Leverage (Cash) – AIDS Alabama (Foundations) - $103,135.00
2. Leverage (Cash) – AIDS Alabama (CDC Grants) - $60,510.00
3. Match (Cash) – AIDS Alabama (Community Foundation) - $72,720.00
4. Leverage (In-Kind) – AIDS Alabama (Housing Facilities FMR) - $63,180.00
5. Leverage (Cash) – AIDS Alabama (HOPWA State, HOPWA City, and Legislative) - $355,445.00

These match/leverage funds are conditioned on the approval of the award amount. AIDS Alabama pledges that membership dues will be paid in a timely manner to One Roof at the rate of 2% of the total grant amount to partially cover the expenses related to operating the Continuum of Care and the local HMIS implementation. Please contact our office at 205-324-9822 with any questions regarding these funds.

Sincerely,

[Signature]

Mitch Tarver
Executive Director, AIDS Alabama

AIDS Alabama
3529 7th Avenue, South
P. O. Box 55703
Birmingham, AL 35222
(205) 324-9822
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/04/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: AL0128
   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of 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 X
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: First Light, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 63-1197189

<table>
<thead>
<tr>
<th>c. Organizational DUNS: 054334367 PLUS 4</th>
</tr>
</thead>
</table>

d. Address
   Street 1: 2230 4th Avenue North
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip / Postal Code: 35203

e. Organizational Unit (optional)
   Department Name:
   Division Name:

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Ruth
   Middle Name: Griffin
   Last Name: Crosby
   Suffix: 
   Title: Executive Director
   Organizational Affiliation: First Light, Inc.
   Telephone Number: (205) 323-4277
Extension:
Fax Number: (205) 323-8362
Email: ruth.crosby@firstlightshelter.org
1C. SF-424 Application Details

9. Type of Applicant:  M. Nonprofit with 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance
   Title:  CoC Program
   CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6300-N-25
   Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant’s Project: Rapid Rehousing 2019

16. Congressional District(s):
   a. Applicant: AL-007, AL-006
      (for multiple selections hold CTRL key)
   b. Project: AL-007
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative
   Prefix: Ms.
   First Name: Ruth
   Middle Name: Griffin
   Last Name: Crosby
   Suffix:
   Title: Executive Director
   Telephone Number: (205) 323-4277
   (Format: 123-456-7890)
   Fax Number: (205) 323-8362
   (Format: 123-456-7890)
   Email: ruth.crosby@firstlightshelter.org

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

Date Signed: 09/04/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: First Light, Inc.
   Prefix: Ms.
   First Name: Ruth
   Middle Name: Griffin
   Last Name: Crosby
   Suffix: 
   Title: Executive Director

   Organizational Affiliation: First Light, Inc.
   Telephone Number: (205) 323-4277
   Extension: 228
   Email: ruth.crosby@firstlightshelter.org
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip/Postal Code: 35203

2. Employer ID Number (EIN): 63-1197189

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $472,535.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Rapid Rehousing 2019 2230 4th Avenue North Birmingham Alabama

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

---

Part I Threshold Determinations

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

Yes

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

Yes

---

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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Part III Interested Parties

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>09/26/2019</td>
<td></td>
</tr>
<tr>
<td>Reportable financial interest in the project or activity (For individuals, give the last name first)</td>
<td>or Employee ID No.</td>
<td>Participation in Project/Activity ($)</td>
<td>in Project/Activity (%)</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Certification**

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

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

I AGREE: [X]

**Name / Title of Authorized Official:** Ruth Crosby, Executive Director

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

**Date Signed:** 08/05/2019
# HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** First Light, Inc.  
**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

## Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate.  

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

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

Authorized Representative

Prefix: Ms.
First Name: Ruth
Middle Name: Griffin
Last Name: Crosby
Suffix: 
Title: Executive Director
Telephone Number: (205) 323-4277
(FORMAT: 123-456-7890)
Fax Number: (205) 323-8362
(FORMAT: 123-456-7890)
Email: ruth.crosby@firstlightshelter.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/04/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

Applicant’s Organization: First Light, Inc.

Name / Title of Authorized Official: Ruth Crosby, Executive Director

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

Date Signed: 09/04/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: First Light, Inc.
Street 1: 2230 4th Avenue North
Street 2:
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip / Postal Code: 35203

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

I certify that this information is true and complete. X

Applicant: First Light, Inc. 054334367
Project: Rapid Rehousing 2019 175598

Renewal Project Application FY2019 Page 16 09/26/2019
Authorized Representative

Prefix: Ms.
First Name: Ruth
Middle Name: Griffin
Last Name: Crosby
Suffix:
Title: Executive Director

Telephone Number: (205) 323-4277
(Format: 123-456-7890)
Fax Number: (205) 323-8362
(Format: 123-456-7890)
Email: ruth.crosby@firstlightshelter.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 09/04/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the standalone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

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? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Implementation of the project was delayed as a result of the project being new and was a transfer from another agency. The first three months were spent developing protocols and hiring of staff for the program. Participants initially had trouble finding landlords that would rent to them on getting housed. The agency was able to develop relationships with landlords who would work with participants who had problems getting approved for apartments. However, the strategy was not implemented in time to allow for the expending of all funds.
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. **No**
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AL0128
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC
   [CoC Collaborative Applicant Name: One Roof]

3. Project Name: Rapid Rehousing 2019

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

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

This project provides rapid re-housing to homeless individuals and families. The project will enroll participants as determined by their vulnerability in conjunction with the Coordinated Assessment. Potential program participants will be screened for eligibility by the case managers and all intake paperwork will be reviewed and approved by the program manager. The Rapid Re-housing program operated by First Light is a Housing First, low Barrier program. The project seeks to assist the participants in achieving residential stability by providing rental assistance and case management services. Individuals and families will be assisted with rent for scattered site housing, that may include single family dwelling or multi-family, depending on income and family make-up. The rental assistance will be paid directly to the landlord. While the individual or family is receiving the rental assistance, the project will also provide other supportive services to the individual and families including, transportation assistance to work, school, medical appointments and other appointments. The case manager and the participant will work together to address their identified needs, including strategies to assist the participant in applying for, obtaining, maintaining and renewing appropriate mainstream benefits. The project also focuses on assisting the dependent children of the adult participants in receiving all available educational services. The case managers will work with the parents and the school systems to make sure the children are receiving the services they are entitled to and are not falling behind.

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

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

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families with Children</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other: medical/physical disabilities

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  X
- Active or history of substance use  X
- Having a criminal record with exceptions for state-mandated restrictions  X
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse)  X
- None of the above

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  X
- Failure to make progress on a service plan  X
- Loss of income or failure to improve income  X
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area  X
- None of the above

3d. Does the project follow a "Housing First" approach?  Yes
4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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. 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.

<table>
<thead>
<tr>
<th>Total Units:</th>
<th>29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Beds:</td>
<td>47</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>29</td>
<td>47</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

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

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  29
   b. Beds:  47

3. Address

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

   Street 1:  2230 4th Avenue North
   Street 2:
   City:  Birmingham
   State:  Alabama
   ZIP Code:  35203

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   010228 Birmingham, 019073 Jefferson County
## 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Adult Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>16</td>
<td>13</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>32</td>
<td>13</td>
<td>0</td>
<td>45</td>
</tr>
</tbody>
</table>

Total Persons

Click Save to automatically calculate totals
### 5B. Project Participants - Subpopulations

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severe Mental Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Develop Mental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>32</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severe Mental Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Develop Mental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severe Mental Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Develop Mental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Rental Assistance  X
   - Supportive Services  X
   - HMIS
6C. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>AL - Birmingham-Hoover, AL HUD Metro ...</td>
<td>29</td>
<td>$298,368</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $298,368

Total Units: 29
### Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** AL - Birmingham-Hoover, AL HUD Metro FMR Area (0100799999)

**Does the applicant request rental assistance funding for less than the area’s per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x $519</td>
<td>$519 x 12</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x $692</td>
<td>$692 x 12</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>14 $768</td>
<td>$768 x 12</td>
<td></td>
<td></td>
<td>$129,024</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>12 $882</td>
<td>$882 x 12</td>
<td></td>
<td></td>
<td>$127,008</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>3 $1,176</td>
<td>$1,176 x 12</td>
<td></td>
<td></td>
<td>$42,336</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td></td>
<td>$1,315</td>
<td>$1,315 x 12</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td></td>
<td>$1,512</td>
<td>$1,512 x 12</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td></td>
<td>$1,710</td>
<td>$1,710 x 12</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td></td>
<td>$1,907</td>
<td>$1,907 x 12</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td></td>
<td>$2,104</td>
<td>$2,104 x 12</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td></td>
<td>$2,301</td>
<td>$2,301 x 12</td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 29

**Grant Term:** 1 Year

**Total Request for Grant Term:** $298,368

Click the 'Save' button to automatically calculate totals.
6D. 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$133,506</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$133,506</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>cash - from unres...</td>
<td>07/30/2019</td>
<td>$133,506</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  Cash
3. Type of Source:  Private
4. Name the Source of the Commitment:  cash - from unrestricted, non-federal general donations to First Light
5. Date of Written Commitment:  07/30/2019
6. Value of Written Commitment:  $133,506
# 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$298,368</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$131,209</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$429,577</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$42,958</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$472,535</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$133,506</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$133,506</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$606,041</td>
</tr>
</tbody>
</table>
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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  Ruth Crosby

Date:    09/04/2019
Title:   Executive Director

Applicant Organization:  First Light, Inc.
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by
the applicant to submit this Applicant
Certification and to ensure compliance. I am
aware that any false, fictitious, or fraudulent
statements or claims may subject me to
criminal, civil, or administrative penalties.
(U.S. Code, Title 218, Section 1001).

X

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

X
Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
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<tbody>
<tr>
<td>2A. Subrecipients</td>
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<tr>
<th>Part 3 - Project Information</th>
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<tbody>
<tr>
<td>3A. Project Detail</td>
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<tr>
<td>3B. Description</td>
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<tr>
<th>Part 4 - Housing Services and HMIS</th>
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<tbody>
<tr>
<td>4A. Services</td>
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<tr>
<td>4B. Housing Type</td>
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<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
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<tbody>
<tr>
<td>5A. Households</td>
<td>X</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Part 6 - Budget Information</th>
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<tr>
<td>6A. Funding Request</td>
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<tr>
<td>6C. Rental Assistance</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
</tr>
</thead>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Part 3: 3A: No changes made to project detail; 3B: Project Description-Changes were made to reflect that the agency will provide services to all persons referred with no specifics just to persons with substance abuse.
Part 4: No changes made to housing services and housing type
Part 6: 6A: NO changes made to the funding request; 6C: Changes made because we expect rental cost to increase as the cost for decent, affordable housing increases and as we serve more people.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
### 8B Submission Summary

<table>
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<tr>
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<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
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<td>1B. SF-424 Legal Applicant</td>
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<tr>
<td>1C. SF-424 Application Details</td>
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<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/27/2019</td>
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**Applicant:** First Light, Inc.  
**Project:** Rapid Rehousing 2019  
**Application Type:** Renewal Project Application FY2019  
**Project Number:** 054334367  
**Congressional District(s):** 175598
<table>
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<td>1H. HUD-50070</td>
<td>08/05/2019</td>
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<td>1I. Cert. Lobbying</td>
<td>08/05/2019</td>
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<td>1J. SF-LLL</td>
<td>08/05/2019</td>
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<tr>
<td>Recipient Performance</td>
<td>09/04/2019</td>
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<td>Renewal Expansion</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/05/2019</td>
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<tr>
<td>2A. Subrecipients</td>
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<tr>
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<tr>
<td>4A. Services</td>
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<tr>
<td>4B. Housing Type</td>
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</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
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<tr>
<td>7B. Certification</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/27/2019</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/23/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: AL0011
This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of 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
   X
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Pathways Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN): 63-0867285

c. Organizational DUNS: 827210907 PLUS 4

d. Address
   Street 1: Pathways
   Street 2: 409 North Richard Arrington Jr. Blvd
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip / Postal Code: 35203

e. Organizational Unit (optional)
   Department Name: 
   Division Name: 

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
   First Name: Trevor
   Middle Name: 
   Last Name: O'Brien
   Suffix: 
   Title: Development Director
   Organizational Affiliation: Pathways Inc.
   Telephone Number: (205) 322-6854
Extension: 305
Fax Number: (205) 322-7402
Email: trevor.obrien@pathwayshome.org
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant’s Project:
   Safe Haven Shelter FY 19

16. Congressional District(s):
   a. Applicant: AL-007, AL-006
      (for multiple selections hold CTRL key)
   b. Project: AL-007, AL-006
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   Yes

   If "YES," provide an explanation:
   Pathways’ previous contract accountants failed to change project salary from operations to supportive services during PY12 (2013-14) and PY13 (2014-15). Pathways worked with the local field office and a new contract accounting firm to identify ineligible requests and determine a payback amount. A total of $145,038 has been determined as the payback amount. Pathways has made a settlement offer to HUD is awaiting a decision.
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Carrie
Middle Name:
Last Name: Leland
Suffix:
Title: Executive Director
Telephone Number: (205) 322-6854
(Format: 123-456-7890)
Fax Number: (205) 322-7402
(Format: 123-456-7890)
Email: carrie.leland@pathwayshome.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/23/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Pathways Inc.
   Prefix: Ms.
   First Name: Carrie
   Middle Name: 
   Last Name: Leland
   Suffix: 
   Title: Executive Director

   Organizational Affiliation: Pathways Inc.

   Telephone Number: (205) 322-6854
   Extension: 301
   Email: carrie.leland@pathwayshome.org
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip/Postal Code: 35203

2. Employer ID Number (EIN): 63-0867285

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $142,468.00

(Requested amounts will be automatically entered within applications)

Applicant: Pathways Inc.  82-7210907
Project: Safe Haven Shelter FY 19  173155

1G. HUD 2880

Renewal Project Application FY2019  Page 9  09/26/2019
5. State the name and location (street address, city and state) of the project or activity:

Safe Haven Shelter FY 19 Pathways Birmingham Alabama

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

Part I Threshold Determinations

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

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

No

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Carrie Leland, Executive Director

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

Date Signed: 07/25/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pathways Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. 

X

Renewal Project Application FY2019 Page 11 09/26/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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

Authorized Representative

Prefix: Ms.
First Name: Carrie
Middle Name
Last Name: Leland
Suffix:
Title: Executive Director
Telephone Number: (205) 322-6854
(Format: 123-456-7890)
Fax Number: (205) 322-7402
(Format: 123-456-7890)
Email: carrie.leland@pathwayshome.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/23/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

Applicant’s Organization: Pathways Inc.

Name / Title of Authorized Official: Carrie Leland, Executive Director

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

Date Signed: 08/23/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities
(lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Pathways Inc.
Street 1: Pathways
Street 2: 409 North Richard Arrington Jr. Blvd
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip / Postal Code: 35203

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

I certify that this information is true and complete. X

Renewal Project Application FY2019 Page 15 09/26/2019
Authorized Representative
Prefix: Ms.
First Name: Carrie
Middle Name:
Last Name: Leland
Suffix:
Title: Executive Director
Telephone Number: (205) 322-6854
(Format: 123-456-7890)
Fax Number: (205) 322-7402
(Format: 123-456-7890)
Email: carrie.leland@pathwayshome.org
Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/23/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, esnaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The esnaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  
   No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
   Currently within the 90 days after grant closure. APR will be submitted by the September 2019 deadline.

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
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AL0011
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

2b. CoC Collaborative Applicant Name: One Roof

3. Project Name: Safe Haven Shelter FY 19

4. Project Status: Standard

5. Component Type: SH

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

7. Does this project include Replacement Reserves? No
3B. Project Description

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

Pathways provides a 10-room Safe Haven shelter for homeless individuals with serious mental illness diagnosis. Staff are available 24 hours, 7 days a week to attend to client needs. Safe Haven utilizes the housing first approach in that it embraces the principals of housing first and adopts those into the programming model. Safe Haven offers low barrier, immediate access to housing with no conditions. Safe Haven serves the most vulnerable members of the homeless population, those with a disability. Adult females are historically and currently served through the Safe Haven program. Supportive services, such as case planning, are offered to all Safe Haven residents, and increases a client’s chances of maintaining the housing placement. Supportive services are client centered, with consumer choice and self-determination being the focus in developing individualized case plans. Safe Haven utilizes Coordinated Assessment for all program placements. Pathways provides this Safe Haven and the supportive services to program participants with the goal of increasing their income and life skills. Both of these are necessary to achieve housing stability within the program, and housing stability when moving into more independent permanent housing. A social worker assigned to the Safe Haven program works directly with clients to assist them in obtaining benefits for which they qualify. The social worker also refers clients to agency partners and programs that can aid in increasing a client’s income and resources. Safe Haven participants are encouraged to comply with mental health treatment, encouraged to attend substance abuse treatment as needed, and attend life skill classes to help improve their independence level. Pathways anticipates 60% (6 out of 10) of those served by Safe Haven will maintain or increase their income from all sources. Pathways anticipates at least 6 out of 10 residents (60%) will move into a permanent housing placement when exiting Safe Haven.

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

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

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
<td>X</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2019  Page 23  09/26/2019
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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes
4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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. 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: 10  
Total Beds: 10

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dormitory, shared or privat...</td>
<td>---</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Dormitory, shared or private rooms

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 10
   b. Beds: 10

3. Address

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

Street 1: 409 Richard Arrington Blvd N
Street 2:  
   City: Birmingham
   State: Alabama
   ZIP Code: 35203-3308

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
   010228 Birmingham, 019073 Jefferson County
### 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
# 5B. Project Participants - Subpopulations

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

## Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

## Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services X
   - Operating X
   - HMIS

Applicant: Pathways Inc. 82-7210907
Project: Safe Haven Shelter FY 19 173155

Renewal Project Application FY2019 Page 30 09/26/2019
6D. 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: | $36,270 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $36,270 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Pathways, Inc.</td>
<td>08/21/2019</td>
<td>$36,270</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Pathways, Inc.
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019

6. Value of Written Commitment: $36,270
The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$104,048</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$25,468</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$129,516</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$12,952</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$142,468</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$36,270</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$36,270</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$178,738</td>
</tr>
</tbody>
</table>
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>IRS Verification</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Drug Free, EEO, C...</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td>Match Letter</td>
<td>08/21/2019</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: IRS Verification

Attachment Details

Document Description: Drug Free, EEO, Code of Conduct

Attachment Details

Document Description: Match Letter
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 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

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

**20-Year Operation Rule.**

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.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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**

Carrie Leland

**Date:** 08/23/2019

**Title:** Executive Director

**Applicant Organization:** Pathways Inc.
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
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<tbody>
<tr>
<td>3A. Project Detail</td>
<td></td>
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<tr>
<td>3B. Description</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
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<tbody>
<tr>
<td>4A. Services</td>
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<tr>
<td>4B. Housing Type</td>
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<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
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<tbody>
<tr>
<td>5A. Households</td>
<td>x</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
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</tr>
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<tbody>
<tr>
<td>6A. Funding Request</td>
<td>x</td>
</tr>
<tr>
<td>6D. Match</td>
<td>x</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7A. Attachment(s)</td>
<td>x</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Part 3
3A. No changes
3B. Project Description updated to reflect housing first program model and client centered case management practices.

Part 4
4A. No changes
4B. No changes

Part 5
5A. No changes
5B. Updated demographic information of program participants

Part 6
6A. No changes
6D. Source of Match updated with Match Letter included in 7A attachments.
6E. Summary Budget updated

Part 7
7A. Attachments updated
7B. Certification updated

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
## 8B Submission Summary

<table>
<thead>
<tr>
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<td>1C. SF-424 Application Details</td>
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<td>Section</td>
<td>Date</td>
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<td>--------------------------------</td>
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<tr>
<td>1E. SF-424 Compliance</td>
<td>07/25/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>07/25/2019</td>
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<td>1H. HUD-50070</td>
<td>07/25/2019</td>
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<td>1I. Cert. Lobbying</td>
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<td>1J. SF-LLL</td>
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<td>07/25/2019</td>
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<td>3A. Project Detail</td>
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<tr>
<td>4A. Services</td>
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</tr>
<tr>
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<td>5A. Households</td>
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<tr>
<td>7A. Attachment(s)</td>
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</tr>
<tr>
<td>7B. Certification</td>
<td>07/25/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/23/2019</td>
</tr>
</tbody>
</table>
PATHWAYS INC
409 RICHARD ARRINGTON JR BLVD N
BIRMINGHAM AL 35203-3308

Employer ID number: 63-0867285
Form 990 required: Y

Dear PATHWAYS INC:

We're responding to your request dated June 29, 2018, about your tax-exempt status.

We issued you a determination letter in MARCH 2006, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(v).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,
PATHWAYS INC
409 RICHARD ARRINGTON JR BLVD N
BIRMINGHAM AL 35203-3308

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

[Signature]

Teri M. Johnson
Operations Manager, AM Ops. 3
Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name
Pathways, Inc.

Program/Activity Receiving Federal Grant Funding

Safe Haven

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant’s policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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

Applicant Name: Pathways, Inc.

Check here [ ] if there are workplaces on file that are not identified on the attached sheets.

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

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.


Name of Authorized Official: Carrie Leland
Title: Executive Director
Signature: [Carrie Leland]
Date: 7/18/19

Form HUD-50070 (3/08)
Ref. Handbooks 7417.1, 7475.13, 7465.1 & 3
Pathways Code of Conduct

In accordance with 24 CFR Part 84.42, no employee, officer, or agent of Pathways shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved.

Such a conflict would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.

The officers, employees, and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to subagreements.

Reported violations of such standards by officers, employees, or agents of the recipient will be reviewed by the executive committee of Pathways’ Board of Directors. Violations may be grounds for disciplinary action and/or dismissal.
**Survey on Ensuring Equal Opportunity for Applicants**

**U.S. Department of Housing and Urban Development**

**Purpose:** The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

**Instructions for Submitting the Survey:** If you are applying using a hard copy application, please place the completed survey in an envelope labeled “Applicant Survey.” Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

---

**Applicant’s (Organization) Name:** Pathways, Inc.

**Applicant’s DUNS Number:** 82-721097

**Grant Name:** COC

**CFDA Number:** 14.267

---

1. Does the applicant have 501(c)(3) status?
   - [ ] Yes
   - [ ] No

2. How many full-time equivalent employees does the applicant have? *(Check only one box).*
   - [ ] 3 or Fewer
   - [ ] 4-5
   - [X] 6-14
   - [ ] 15-50
   - [ ] 51-100
   - [ ] Over 100

3. What is the size of the applicant’s annual budget? *(Check only one box.)*
   - [ ] Less Than $150,000
   - [ ] $150,000 - $299,999
   - [ ] $300,000 - $499,999
   - [ ] $500,000 - $999,999
   - [ ] $1,000,000 - $4,999,999
   - [ ] $5,000,000 or more

4. Is the applicant a faith-based/religious organization?
   - [ ] Yes
   - [ ] No

5. Is the applicant a non-religious community-based organization?
   - [X] Yes
   - [ ] No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?
   - [ ] Yes
   - [ ] No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?
   - [X] Yes
   - [ ] No

8. Is the applicant a local affiliate of a national organization?
   - [ ] Yes
   - [ ] No

---

July 18, 2019

Pathways pledges to provide a cash match in the amount of $36,270.00. Pathways intends to utilize our annual United Way of Central Alabama allocation for this purpose. However, the UWCA will not guarantee funding far enough in advance to meet the requirements for this grant application. Therefore, Pathways pledges to provide 100% of the match for the Safe Haven renewal grant requested in the FY 2019 competition through unrestricted donations to our agency.

Sincerely,

Carrie Leland
Executive Director
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/28/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier: 
   5b. Federal Award Identifier: AL0006

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of 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. SF-424 Legal Applicant

8. Applicant

a. Legal Name: The Cooperative Downtown Ministries, Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN): 63-0884164
c. Organizational DUNS: 827210816

9. Address

P.O. Box 11722
Birmingham, Jefferson County, Alabama, United States
Zip / Postal Code: 35202-1722

10. Organizational Unit (optional)

Department Name:
Division Name:

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

Prefix: Ms.
First Name: Anne
Middle Name:
Last Name: Wright
Suffix:
Title: Executive Director
Organizational Affiliation: The Cooperative Downtown Ministries, Inc.
Telephone Number: (205) 252-9576
1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant’s Project: FY2019 Nashamah

16. Congressional District(s):
   a. Applicant: AL-007, AL-006
      (for multiple selections hold CTRL key)
   b. Project: AL-007, AL-006
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2020
   b. End Date: 11/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Anne
Middle Name: 
Last Name: Rygiel
Suffix: 
Title: Executive Director
Telephone Number: (205) 252-9576
(Format: 123-456-7890)
Fax Number: (205) 252-9578
(Format: 123-456-7890)
Email: awright@firehouseshelter.com

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/28/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: The Cooperative Downtown Ministries, Inc.
   Prefix: Ms.
   First Name: Anne
   Middle Name:
   Last Name: Rygiel
   Suffix:
   Title: Executive Director
   Organizational Affiliation: The Cooperative Downtown Ministries, Inc.
   Telephone Number: (205) 252-9576
   Extension:
   Email: awright@firehouseshelter.com
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip/Postal Code: 35202-1722

2. Employer ID Number (EIN): 63-0884164

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $223,262.00

   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:
FY2019 Nashamah P.O. Box 11722 Birmingham Alabama

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

**Part I Threshold Determinations**

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

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

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>$0.00</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>0.0</td>
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<tr>
<td>NA</td>
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<td>NA</td>
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<td>$0.00</td>
<td>NA</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Part III Interested Parties**

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

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>09/26/2019</td>
<td></td>
</tr>
<tr>
<td>Reportable financial interest in the project or activity (For individuals, give the last name first)</td>
<td>or Employee ID No.</td>
<td>Participation in Project/Activity ($)</td>
<td>in Project/Activity (%)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
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<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
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<tr>
<td>NA</td>
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</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Certification**

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

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

I AGREE: ☒

**Name / Title of Authorized Official:** Anne Rygiel, Executive Director

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

**Date Signed:** 08/07/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: The Cooperative Downtown Ministries, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---
   (1) The dangers of drug abuse in the workplace
   (2) The Applicant’s policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs a. thru f.

Sites for Work Performance.

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

I certify that the information provided on this form and any accompanying documentation is true and accurate. I X

Renewal Project Application FY2019

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09/26/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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

Authorized Representative

Prefix: Ms.
First Name: Anne
Middle Name
Last Name: Rygiel
Suffix: 
Title: Executive Director
Telephone Number: (205) 252-9576
(Format: 123-456-7890)
Fax Number: (205) 252-9578
(Format: 123-456-7890)
Email: awright@firehouseshelter.com
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/28/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

X

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

Applicant’s Organization: The Cooperative Downtown Ministries, Inc.

Name / Title of Authorized Official: Anne Rygiel, Executive Director

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

Date Signed: 08/28/2019
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X
Authorized Representative

Prefix: Ms.
First Name: Anne
Middle Name:
Last Name: Rygiel
Suffix:
Title: Executive Director

Telephone Number: (205) 252-9576
(Format: 123-456-7890)

Fax Number: (205) 252-9578
(Format: 123-456-7890)

Email: awright@firehouseshelter.com

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/28/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
### Recipient Performance

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**
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.  
   No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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 icon.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AL0006
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

2b. CoC Collaborative Applicant Name: One Roof

3. Project Name: FY2019 Nashamah

4. Project Status: Standard

5. Component Type: TH

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

7. Does this project include Replacement Reserves? No
3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

The Nashamah TH Program serves up to 50 people and provides a low barrier transition from emergency shelter to permanent housing while providing structure in order to reach housing stability. This program uses coordinated assessment and works to move clients quickly to permanent housing. Transitional housing is a shelter alternative for the consumer that presents with significant substance abuse issues, young adults, people who identify as LGBTQ, and those with mental illness who temporarily need more support than many permanent housing options provide. The staff works with the consumer to address current barriers to permanent housing—transitional housing is an extremely important piece of the process to end homelessness in the Birmingham area as it offers a significant amount of support while letting the guests have their own space to recover from their time on the streets or in a shelter. Many of the guests present with substance abuse issues and/or untreated mental illness, so the transitional housing gives a safe space to seek help while learning the skills needed to be successful in permanent housing. The Nashamah staff and the guest work together to develop a life plan and work on client identified areas that need improvement. Some of the most common areas that are worked on include employment, education and job readiness, procurement of documents, and life skill development. Nashamah facilitates these goals by providing wrap around services that include case management, community resource procurement, volunteer opportunities, small groups, and substance abuse classes, which are all voluntary. The staff works with the consumer to access mainstream resources to receive medical treatment and care from both CoC and non-CoC partner programs such as M-Power and UAB, resolve legal issues through Turning Point homeless court, receive tutoring and GED preparation from the shelter volunteers and Disability Rights and Resources, and seek employment through programs such as Workshops Inc. The program participants are encouraged to meet as needed with their Case Manager to discuss their needs. The participants can stay up to 24 months but are encouraged to seek permanent housing as quickly as possible. It is the goal of the program to have 80% of guests exit into permanent housing situations. The transitional housing increases the community's emergency shelter capacity by freeing bed space, thus, fewer people sleeping on the streets. Program participants are encouraged to pay thirty percent of their income if they have it, and has a goal of 75% of guests maintain or increase their amount of income. This prepares them for when they will have to assume full responsibility for their housing costs, yet allows them to save money for their eventual move to permanent housing.
2. Does your project have a specific population focus?  Yes

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

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Other (Click ‘Save’ to update)

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.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Active or history of substance use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>None of the above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure to make progress on a service plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loss of income or failure to improve income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area

None of the above

3d. Does the project follow a "Housing First" approach? Yes
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select “Make Changes” in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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

3. Do project participants have access to

Renewal Project Application FY2019 Page 27 09/26/2019
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 20
Total Beds: 50

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>---</td>
<td>20</td>
<td>50</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

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

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 20
   b. Beds: 50

3. Address
   Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.
   Street 1: 1825 15th ave north
   Street 2: 
   City: birmingham
   State: Alabama
   ZIP Code: 35234

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   010228 Birmingham, 019073 Jefferson County
5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over 24</td>
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<td>46</td>
<td>0</td>
<td>46</td>
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<tr>
<td>Persons ages 18-24</td>
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<td>4</td>
</tr>
<tr>
<td>Accompanied Children under 18</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under 18</td>
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</tr>
<tr>
<td>Total Persons</td>
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</tbody>
</table>

Click Save to automatically calculate totals
## 5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless &amp; Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Persons ages 18-24</td>
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<tr>
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### Persons in Households without Children

<table>
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<th>Characteristics</th>
<th>Chronically Homeless &amp; Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
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</thead>
<tbody>
<tr>
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<td>5</td>
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<td>4</td>
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</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
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<th>Characteristics</th>
<th>Chronically Homeless &amp; Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>Unaccompanied Children under age 18</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS
6D. 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tr>
<td>Total Value of Cash Commitments:</td>
<td>$50,000</td>
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<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$5,816</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$55,816</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  
   Yes

1a. Briefly describe the source of the program income:
   Program income is occupancy charge. Occupancy charges are determined in accordance to HUD guidelines and are not mandatory.

1b. Estimate the amount of program income that will be used as Match for this project:
   $11,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Cooperative Downtown</td>
<td>06/16/2019</td>
<td>$50,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>different business...</td>
<td>06/16/2019</td>
<td>$5,816</td>
</tr>
</tbody>
</table>
### Sources of Match Detail

1. Will this commitment be used towards Match?  
   Yes

2. Type of Commitment:  
   Cash

3. Type of Source:  
   Private

4. Name the Source of the Commitment:  
   (Be as specific as possible and include the office or grant program as applicable)  
   Cooperative Downtown Ministries

5. Date of Written Commitment:  
   06/16/2019

6. Value of Written Commitment:  
   $50,000

---

### Sources of Match Detail

1. Will this commitment be used towards Match?  
   Yes

2. Type of Commitment:  
   In-Kind

3. Type of Source:  
   Private

4. Name the Source of the Commitment:  
   (Be as specific as possible and include the office or grant program as applicable)  
   different businesses and individuals volunteering and giving resources

5. Date of Written Commitment:  
   06/16/2019

6. Value of Written Commitment:  
   $5,816

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
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<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
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<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
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<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$121,657</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$87,000</td>
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<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$208,657</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$14,605</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$223,262</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$50,000</td>
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<tr>
<td>10. In-Kind Match</td>
<td>$5,816</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$55,816</td>
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<td>12. Total Budget</td>
<td>$279,078</td>
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Applicant: The Cooperative Downtown Ministries
Project: FY2019 Nashamah
### 7A. Attachment(s)

<table>
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<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
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<tr>
<td>2) Other Attachment</td>
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<tr>
<td>3) Other Attachment</td>
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Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7A. In-Kind Match MOU Attachment

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<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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</tr>
</tbody>
</table>
Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

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

**20-Year Operation Rule.**

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.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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**  Anne Rygiel  
**Date:** 08/28/2019  
**Title:** Executive Director  
**Applicant Organization:** The Cooperative Downtown Ministries, Inc.
PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Submit without changes

The applicant has selected “Submit without changes” to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select “Make changes” above and update the relevant project information.
Applicant: The Cooperative Downtown Ministries
Project: FY2019 Nashamah

8B Submission Summary

<table>
<thead>
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<td>1C. SF-424 Application Details</td>
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Renewal Project Application FY2019

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09/26/2019
<table>
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<th>Section</th>
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<td>1H. HUD-50070</td>
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<td>1J. SF-LLL</td>
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<tr>
<td>Renewal Grant Consolidation</td>
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<td>4B. Housing Type</td>
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<td>5B. Subpopulations</td>
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<td>6A. Funding Request</td>
<td>08/07/19</td>
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<td>6D. Match</td>
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<td>7A. Attachment(s)</td>
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<td>7A. In-Kind Match MOU Attachment</td>
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<td>7B. Certification</td>
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<td>Submission Without Changes</td>
<td>08/07/19</td>
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</tbody>
</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/28/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: AL0165
      This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of 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. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Youth Towers Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 45-3913117

   c. Organizational DUNS: 032605068  PLUS 4

   d. Address
      Street 1: 601 19th Street North
      City: Birmingham
      County: Alabama
      State: Alabama
      Country: United States
      Zip / Postal Code: 35203

   e. Organizational Unit (optional)
      Department Name:
      Division Name:

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mrs.
      First Name: Cheryl
      Middle Name: Dickenson
      Last Name: Dickenson
      Suffix:
      Title: Board President
      Organizational Affiliation: Youth Towers Inc.
      Telephone Number: (205) 482-0588
Extension:

Fax Number: (205) 482-0588

Email: adelphims@gmail.com
1C. SF-424 Application Details

9. Type of Applicant:  M. Nonprofit with 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance
   Title:  CoC Program
   CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6300-N-25
    Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
14. Area(s) affected by the project (State(s) only): Alabama
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: TH/RRH Hybrid FY2019

16. Congressional District(s):
   a. Applicant: AL-007, AL-006
   (for multiple selections hold CTRL key)
   b. Project: AL-007, AL-006
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 06/01/2020
   b. End Date: 05/31/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Mrs.
First Name: Alice
Last Name: Westery
Title: Executive Director
Telephone Number: (205) 383-1965
Fax Number: (205) 540-6839
Email: alicewestery@gmail.com

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/28/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Youth Towers Inc.
   Prefix: Mrs.
   First Name: Alice
   Middle Name: 
   Last Name: Westery
   Suffix: 
   Title: Executive Director

   Organizational Affiliation: Youth Towers Inc.

   Telephone Number: (205) 383-1965
   Extension: 
   Email: alicewestery@gmail.com
   City: Birmingham
   County: Alabama
   State: Alabama
   Country: United States
   Zip/Postal Code: 35203

2. Employer ID Number (EIN): 45-3913117

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $112,110.00

   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

TH/RRH Hybrid FY2019 601 19th Street North
Birmingham Alabama

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

Part I Threshold Determinations

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

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.  No

Certification

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

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

I AGREE: X

Name / Title of Authorized Official: Alice Westery, Executive Director

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

Date Signed: 08/01/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Youth Towers Inc.
Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

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

Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I X

Renewal Project Application FY2019 Page 11 09/26/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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

Authorized Representative

Prefix: Mrs.
First Name: Alice
Middle Name
Last Name: Westery
Suffix:
Title: Executive Director
Telephone Number: (205) 383-1965
(Format: 123-456-7890)
Fax Number: (205) 540-6839
(Format: 123-456-7890)
Email: alicewestery@gmail.com

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/28/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

Applicant’s Organization: Youth Towers Inc.

Name / Title of Authorized Official: Alice Westery, Executive Director

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

Date Signed: 08/28/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Youth Towers Inc.
Street 1: 601 19th Street North
Street 2: 
City: Birmingham
County: Alabama
State: Alabama
Country: United States
Zip / Postal Code: 35203

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

I certify that this information is true and complete. X

Applicant: Youth Towers
Project: TH/RRH Hybrid FY2019

09/26/2019
Authorized Representative

Prefix: Mrs.
First Name: Alice
Middle Name:
Last Name: Westery
Suffix:
Title: Executive Director

Telephone Number: (205) 383-1965
(Format: 123-456-7890)

Fax Number: (205) 540-6839
(Format: 123-456-7890)

Email: alicewestery@gmail.com

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/28/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the standalone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
   This is a first time renewal grant.

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?  No

   Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.
   This is a first time renewal grant and a full quarter has not passed.

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

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AL0165
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

2b. CoC Collaborative Applicant Name: One Roof

3. Project Name: TH/RRH Hybrid FY2019

4. Project Status: Standard

5. Component Type: Joint TH & PH-RRH

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

7. Does this project include Replacement Reserves?
   No
3B. Project Description

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

According to the latest PIT count, youth homelessness is down overall in the City of Birmingham. However, many homeless youth do not get counted because they do not want to be counted or because they over-state their age. These young people will continue to be homeless well into the future, and because many of them aged out of foster care, they have no current support system so help them get out of homelessness.

One of the biggest service gaps in this community is shelter and housing specifically for youth. Youth Towers believes that to get these youth off the streets, they need case management and services geared toward them, delivered in both Transitional Housing and Rapid Re-Housing according to the preference of the young adult.

Youth Towers will provide case management and housing to youth and young adults 18-26, including parenting people in this age range. Youth Towers currently provides emergency and bridge housing to four youth in one leased property. Another leased property currently serves as a day shelter. Youth Towers is challenged to find safe, decent and affordable housing for youth to move into with only the youth's name on the lease, so master leasing will be done as necessary. This program seeks to serve 6 clients in transitional housing and 6 clients in rapid re-housing according to the choice of the individual. Transitional clients would begin planning towards rapid re-housing in their second day in the project. Youth Towers has built excellent relationships with local landlords and property managers that it plans to use to help clients with existing barriers to housing. In addition, each youth would have a case manager who would work with them for the entirety of their stay in the program, whether that be Transitional or RRH. The case manager would also provide life skills coaching, and would provide support finding employment, education opportunities, childcare, and accessing mainstream benefits. This project will be Housing First and will participate in Coordinated Entry.

All client data will be recorded in HMIS within 24 hours of contact and Youth Towers will work closely with One Roof to ensure compliance with HUD, Continuum of Care, and agency requirements.

Youth Towers endeavors to help youth grow personally and learn responsibility in a safe, supportive environment. The goal is to exit youth to housing without assistance. Youth Tower's experience with this subpopulation combined with the ability to provide safe and affordable housing supports HUDs goal of ending youth and family homelessness.

Because of long-term participation in the local CoC, Youth Towers has developed relationships with many partners to help in achieving the program's goals. Youth Towers currently provides, through a memorandum of understanding, supportive services to youth served by AIDS Alabama, a CoC-funded agency.
2. Does your project have a specific population focus?  Yes

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

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (Click 'Save' to update)</th>
<th>X</th>
</tr>
</thead>
</table>

Other: Youth 26 and under

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.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>☒</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>☒</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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

3. Do project participants have access to

Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
<td>Shared housing</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>---</td>
<td>Shared housing</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>---</td>
<td>Scattered-site ap...</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TH</th>
<th>RRH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type for the TH or RRH portion of the project? TH
1a. Does this TH portion of the project have private rooms per household? Yes

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

2. Housing Type: Shared housing

3. What is the funding source for these units and beds? Other
(If multiple sources, select "Mixed" from the dropdown menu)

Other Funding Source: Foundation Grants

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 1
   b. Beds: 2

5. Address:

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

Street 1: 1960 Linden Dr
Street 1:
City: Birmingham
State: Alabama
ZIP Code: 35214

6. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)
010228 Birmingham

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

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

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

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

2. Housing Type: Shared housing

3. What is the funding source for these units and beds? Other
(If multiple sources, select "Mixed" from the dropdown menu)

Other Funding Source: Community Foundation Grant

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 1
   b. Beds: 4

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

Street 1: 6614 3rd Ave S
Street 2:
  City: Birmingham
  State: Alabama
  ZIP Code: 35212

6. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   010228 Birmingham

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type
and must list all CoC funded and Non CoC-funded units and beds being
provided under this project.

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

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

3. What is the funding source for these units and beds?  CoC
   (If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  4
   b. Beds:  6
5. Address:

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

Street 1: 601 19th St N
Street 2:
  City: Birmingham
  State: Alabama
  ZIP Code: 35203

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

010228 Birmingham, 019073 Jefferson County
5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>2</td>
<td>8</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>2</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>6</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>4</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>4</td>
<td>8</td>
<td>0</td>
<td>12</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total Persons</td>
<td></td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td></td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Describe the unlisted subpopulations referred to above:

Each of the clients in this program will be homeless youth and/or young adults ages 18 - 26 with many of the youth having aged out of foster care. Several will have mental illnesses or developmental disabilities but will not have been properly diagnosed prior to program entry.
6A. Funding Request

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

4. Renewal Grant Term: 1 Year

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

   - Leased Units
   - Leased Structures X
   - Rental Assistance X
   - Supportive Services X
   - Operating X
   - HMIS X
6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>AL - Birmingham-Hoover, AL HUD Metro ...</td>
<td>4</td>
<td>$39,600</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $39,600

Total Units: 4
Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AL - Birmingham-Hoover, AL HUD Metro FMR Area (0100799999)

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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$519</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$692</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>2 x</td>
<td>$768</td>
<td>x</td>
<td>12</td>
<td>$18,432</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>2 x</td>
<td>$882</td>
<td>x</td>
<td>12</td>
<td>$21,168</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,176</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,315</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,512</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,710</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,907</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,104</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,301</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>4</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$39,600</strong></td>
</tr>
</tbody>
</table>

Grant Term

Total Request for Grant Term

$39,600

Click the 'Save' button to automatically calculate totals.
6D. 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: | $22,034 |
| Total Value of In-Kind Commitments: | $3,500 |
| Total Value of All Commitments: | $25,534 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  **No**

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Donations of food...</td>
<td>07/26/2019</td>
<td>$3,500</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Youth Towers usin...</td>
<td>07/26/2019</td>
<td>$22,034</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Donations of food, clothing, household goods, gift cards, and hygiene products.
5. Date of Written Commitment: 07/26/2019
6. Value of Written Commitment: $3,500

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Youth Towers using nonrestricted donations and private foundation grants
5. Date of Written Commitment: 07/26/2019
6. Value of Written Commitment: $22,034
6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$10,200</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$39,600</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$33,740</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$16,400</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$2,050</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$101,990</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$10,120</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$112,110</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$22,034</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$3,500</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$25,534</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$137,644</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
### 7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Youth Towers

Project: TH/RRH Hybrid FY2019

032605068

174991
Attachment Details

Document Description:
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 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

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

**20-Year Operation Rule.**

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.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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**  Alice Westery

**Date:** 08/28/2019

**Title:** Executive Director

**Applicant Organization:** Youth Towers Inc.
PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
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</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
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<tbody>
<tr>
<td>3A. Project Detail</td>
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<tr>
<td>3B. Description</td>
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<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
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<tbody>
<tr>
<td>4A. Services</td>
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<tr>
<td>4B. Housing Type</td>
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<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
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<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
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<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
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<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
</tr>
</thead>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 3A-Updated/verified screen
- 3B-Updated specific population information.
- 6A-answered questions 1 and 2.
- 6D-updated match commitment dates.
- 7A-no changes
- 7B-answered SAM question

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
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<td>1B. SF-424 Legal Applicant</td>
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</tr>
<tr>
<td>1C. SF-424 Application Details</td>
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</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
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<td>-------------------------------</td>
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</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/28/2019</td>
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<td>1E. SF-424 Compliance</td>
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<td>1F. SF-424 Declaration</td>
<td>08/01/2019</td>
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<td>1G. HUD-2880</td>
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<td>1H. HUD-50070</td>
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<tr>
<td>1I. Cert. Lobbying</td>
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<td>1J. SF-LLL</td>
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<tr>
<td>Recipient Performance</td>
<td>08/01/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/01/2019</td>
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<tr>
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<tr>
<td>7A. Attachment(s)</td>
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<td>7B. Certification</td>
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</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/28/2019</td>
</tr>
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</table>
Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/26/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AL0155

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of 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. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: AIDS Alabama, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1727755
   c. Organizational DUNS: 834432999
   d. Address
      Street 1: 3529 7th Avenue South
      Street 2: 
      City: Birmingham
      County: Jefferson
      State: Alabama
      Country: United States
      Zip / Postal Code: 35222
   e. Organizational Unit (optional)
      Department Name: CoC Programs
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mrs.
      First Name: Byanca
      Middle Name:
      Last Name: Underwood
      Suffix:
      Title: CoC Director
      Organizational Affiliation: AIDS Alabama, Inc.
      Telephone Number: (205) 324-9822
Extension:
Fax Number:  (205) 324-9311
Email:  byanca.underwood@aidsalabama.org
1C. SF-424 Application Details

9. Type of Applicant:  M. Nonprofit with 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance
   Title:  CoC Program
   CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6300-N-25
   Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant’s Project: Way Station TH/RRH FY2019

16. Congressional District(s):
   a. Applicant: AL-001, AL-002, AL-003, AL-004, AL-007, AL-006, AL-005
      (for multiple selections hold CTRL key)
   b. Project: AL-007, AL-006
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2020
   b. End Date: 12/01/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
   g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

   If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Kathie
Middle Name: Marie
Last Name: Hiers
Suffix: Title: Chief Executive Officer
Telephone Number: (205) 324-9822
(Format: 123-456-7890)
Fax Number: (205) 324-9311
(Format: 123-456-7890)
Email: Kathie@aidsalabama.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/26/2019

Applicant: AIDS Alabama 834432999
Project: Way Station TH/RRH FY2019 173421
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: AIDS Alabama, Inc.
   Prefix: Ms.
   First Name: Kathie
   Middle Name: Marie
   Last Name: Hiers
   Suffix: 
   Title: Chief Executive Officer

   Organizational Affiliation: AIDS Alabama, Inc.
   Telephone Number: (205) 324-9822
   Extension: 2437
   Email: Kathie@aidsalabama.org
   City: Birmingham
   County: Jefferson
   State: Alabama
   Country: United States
   Zip/Postal Code: 35222

2. Employer ID Number (EIN): 58-1727755
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $295,921.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Way Station TH/RRH FY2019 3529 7th Avenue South Birmingham Alabama

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

**Part I Threshold Determinations**

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

   Yes

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

   Yes

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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</thead>
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<tr>
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<td>$441,628.06</td>
<td>PLWHA Housing and Supportive Services</td>
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<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>NA</td>
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</tbody>
</table>

**Part III Interested Parties**

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

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

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

### I AGREE:

![Signature]

**Name / Title of Authorized Official:** Kathie Hiers, Chief Executive Officer

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

**Date Signed:** 07/25/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: AIDS Alabama, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

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

Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. X

Renewal Project Application FY2019 Page 12 09/26/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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

Authorized Representative

Prefix: Ms.  
First Name: Kathie  
Middle Name: Marie  
Last Name: Hiers  
Suffix:  
Title: Chief Executive Officer  
Telephone Number: (205) 324-9822  
Fax Number: (205) 324-9311  
Email: Kathie@aidsalabama.org  

Signature of Authorized Representative: Considered signed upon submission in e-snaps.  
Date Signed: 09/26/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

Applicant’s Organization: AIDS Alabama, Inc.

Name / Title of Authorized Official: Kathie Hiers, Chief Executive Officer

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

Date Signed: 09/26/2019
DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: AIDS Alabama, Inc.
Street 1: 3529 7th Avenue South
Street 2: 
City: Birmingham
County: Jefferson
State: Alabama
Country: United States
Zip / Postal Code: 35222

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

I certify that this information is true and complete. X
Authorized Representative

Prefix:  Ms.
First Name:  Kathie
Middle Name:  Marie
Last Name:  Hiers
Suffix:  
Title:  Chief Executive Officer

Telephone Number:  (205) 324-9822
(Format: 123-456-7890)
Fax Number:  (205) 324-9311
(Format: 123-456-7890)

Email:  Kathie@aidsalabama.org

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

Date Signed:  09/26/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

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

   No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   The grant is in its first year starting 12/1/2018 and will not expire until 11/30/2019 with the 90 day period for the initial APR not ending until 2/2020.

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?

   No

   Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

   The grant is in its first year starting 12/1/2018 and will not expire until 11/30/2019 with the first quarter of the grant ending 2/2019.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?

   No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  
   No  
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AL0155
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

2b. CoC Collaborative Applicant Name: One Roof

3. Project Name: Way Station TH/RRH FY2019

4. Project Status: Standard

5. Component Type: Joint TH & PH-RRH

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

7. Does this project include Replacement Reserves? No
3B. Project Description

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

Human trafficking is called “Modern Day Slavery.” A report issued by The National Network for Youth (nn4y) in Washington, D.C. states that there are many factors that contribute to the overall number of homeless youth each year, but common reasons are family dysfunction, exiting the child welfare or juvenile justice system, and sexual abuse. These young people often flee abuse and violence at home, but are exposed to further sexual victimization and human trafficking once on the street.

AIDS Alabama initially developed the Ascension Project, a rapid re-housing program funded through HUD’s Continuum of Care program, in 2015 and launched the program in 2016 targeting youth 19-24 with an emphasis on those who self-identify as LGBTQ. These youth are becoming our next generation of chronically homeless persons and require extensive case management to transition from living in places not meant for human habitation to apartments of their own. Unfortunately, the Ascension Project revealed a gap in service apparent in CoC: exclusive shelter services were unavailable to minor youth in the City of Birmingham and those 18-24 choose to reside in cars and abandoned buildings rather than access adult shelters and it is for this reason that AIDS Alabama formed the Way Station. Through the Way Station, AIDS Alabama will provide: Street Outreach Programs, Transitional Housing Programs, and Rapid Re-Housing services available immediately through Way Station staff.

AIDS Alabama established a joint transitional housing and rapid re-housing program for those 16-24. Outreach workers will remain with the client throughout their stay in the program as life skills coaches to provide support alongside case managers. The program seeks to serve 15 clients in Transitional Housing and 20 clients in Rapid Re-Housing. Transitional clients will begin with rapid re-housing services on their second day in the program. Runaway and homeless youth who are emancipated or otherwise without a family to be reunited with who are 16-17 can be served by the program on a case by case basis.

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

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

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: AIDS Alabama
Project: Way Station TH/RRH FY2019

Renewal Project Application FY2019 | Page 24 | 09/26/2019
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  X
- Active or history of substance use  X
- Having a criminal record with exceptions for state-mandated restrictions  X
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse)  X
- None of the above

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  X
- Failure to make progress on a service plan  X
- Loss of income or failure to improve income  X
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area  X
- None of the above

3d. Does the project follow a "Housing First" approach?  Yes
4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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

3. Do project participants have access to

   Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

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

Yes
4B. Housing Type and Location

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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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
<td>Single family hom...</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>---</td>
<td>Scattered-site ap...</td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TH</th>
<th>RRH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Units:</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Total Beds:</td>
<td>15</td>
<td>20</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

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

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

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

2. Housing Type: Single family homes/townhouses/duplexes

3. What is the funding source for these units and beds? Mixed Funding
   (If multiple sources, select "Mixed" from the dropdown menu)

   Other Funding Source: AIDS Alabama

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 5
   b. Beds: 15

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

   Street 1: 3529 7th Ave S
   Street 2: 
   City: Birmingham
State: Alabama
ZIP Code: 35222

6. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   010228 Birmingham, 019073 Jefferson County

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

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

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

3. What is the funding source for these units and beds?  CoC
   (If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  10
   b. Beds:  20

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

   Street 1:  3529 7th Ave S
Street 2:
  City: Birmingham
  State: Alabama
  ZIP Code: 35222

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

   010228 Birmingham, 019073 Jefferson County
This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>30</td>
<td>0</td>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>40</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>40</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>40</td>
<td>0</td>
<td>40</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>20</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>20</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance  X
   - Supportive Services  X
   - Operating  X
   - HMIS  X
6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>AL - Birmingham-Hoover, AL HUD Metro ...</td>
<td>10</td>
<td>$92,160</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $92,160
Total Units: 10
Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AL - Birmingham-Hoover, AL HUD Metro FMR Area (0100799999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$519</td>
<td>$519</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$692</td>
<td>$692</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>10</td>
<td>$768</td>
<td>$768</td>
<td>x 12</td>
<td>$92,160</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$882</td>
<td>$882</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,176</td>
<td>$1,176</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,315</td>
<td>$1,315</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,512</td>
<td>$1,512</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,710</td>
<td>$1,710</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,907</td>
<td>$1,907</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,104</td>
<td>$2,104</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,301</td>
<td>$2,301</td>
<td>x 12</td>
<td>$0</td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested 10

Grant Term 1 Year

Total Request for Grant Term $92,160

Click the 'Save' button to automatically calculate totals.
6D. 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: | $73,980 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $73,980 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?
   Yes

1a. Briefly describe the source of the program income:
   Medicaid targeted case management, Ryan White billing, private insurance billing, and DHR Transitional Living Program payments.

1b. Estimate the amount of program income that will be used as Match for this project: $20,000

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>AIDS Alabama (Fou...</td>
<td>07/24/2019</td>
<td>$73,980</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: AIDS Alabama (Foundation Funds)
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/24/2019
6. Value of Written Commitment: $73,980
6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$92,160</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$113,185</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$44,132</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$20,000</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$269,477</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$26,444</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$295,921</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$73,980</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$73,980</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$369,901</td>
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</tbody>
</table>
7A. Attachment(s)

<table>
<thead>
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<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>IRS Letter</td>
<td>07/20/2018</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Match Letter</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: IRS Letter

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.
   20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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  Kathie Hiers
   Date: 09/26/2019
   Title: Chief Executive Officer

Applicant Organization: AIDS Alabama, Inc.
PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
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<tbody>
<tr>
<td>3A. Project Detail</td>
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<tr>
<td>3B. Description</td>
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</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
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<tbody>
<tr>
<td>4A. Services</td>
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<tr>
<td>4B. Housing Type</td>
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<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
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</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>

Part 7 - Attachment(s) & Certification

Renewal Project Application FY2019  Page 45  09/26/2019
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3b. The addition of a question on 3B(d) made it seem the program was no longer housing first. The last box was showing as unchecked and had to be marked to reflect the program as housing first.

6d/6e. Match requirement increased from $73,470 to $73,980 and the match documentation must be updated to reflect this change.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
## 8B Submission Summary

Applicant: AIDS Alabama  
Project: Way Station TH/RRH FY2019

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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</thead>
<tbody>
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<td>07/25/2019</td>
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<td>1B. SF-424 Legal Applicant</td>
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<td>1C. SF-424 Application Details</td>
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<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>07/25/2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 47</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>07/25/19</td>
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<tr>
<td>1F. SF-424 Declaration</td>
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<td>1G. HUD-2880</td>
<td>07/25/19</td>
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<tr>
<td>1H. HUD-50070</td>
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<tr>
<td>1I. Cert. Lobbying</td>
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<tr>
<td>1J. SF-LLL</td>
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<td>Recipient Performance</td>
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<td>Renewal Expansion</td>
<td>07/25/19</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>07/25/19</td>
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<tr>
<td>2A. Subrecipients</td>
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<tr>
<td>3A. Project Detail</td>
<td>07/25/19</td>
</tr>
<tr>
<td>3B. Description</td>
<td>09/23/19</td>
</tr>
<tr>
<td>4A. Services</td>
<td>07/25/19</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>07/25/19</td>
</tr>
<tr>
<td>5A. Households</td>
<td>07/25/19</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>07/25/19</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>07/25/19</td>
</tr>
<tr>
<td>6D. Match</td>
<td>07/25/19</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/27/19</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>07/25/19</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/25/19</td>
</tr>
</tbody>
</table>
AIDS ALABAMA INC
3521 7TH AVE S
BIRMINGHAM AL 35222

Employer Identification Number: 58-1727755
Person to Contact: Exempt Organizations
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 09, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1987.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.
AIDS ALABAMA INC
3521 7TH AVE S
BIRMINGHAM AL 35222

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

Sincerely yours,

Sharon Davies
Accounts Management I
July 21, 2019

U.S Department of Housing and Urban Development
Continuum of Care Program (CoC)
Washington, DC 20410-7000

To Whom It May Concern:

Please accept this documentation indicating a strong financial commitment by AIDS Alabama and the grant sources listed below in granting such funds for the Ascension RRH Consolidated CoC project. The amounts listed below will be used as match/leverage funds to facilitate the renewal of the 2019-2020 Ascension RRH Consolidated grant application.

1. Match (Cash) – AIDS Alabama (HOPWA State, Medicaid, Ryan White, and Legislative) - $245,534.00
2. Leverage (Cash) – AIDS Alabama (HOPWA State, HOPWA City, HRSA, Foundations, and Legislative) - $1,924,958.00

These match/leverage funds are conditioned on the approval of the award amount. AIDS Alabama pledges that membership dues will be paid in a timely manner to One Roof at the rate of 2% of the total grant amount to partially cover the expenses related to operating the Continuum of Care and the local HMIS implementation. Please contact our office at 205-324-9822 with any questions regarding these funds.

Sincerely,

Mitch Tarver
Executive Director, AIDS Alabama

AIDS Alabama
3529 7th Avenue, South
P. O. Box 55703
Birmingham, AL 35222
(205) 324-9822
July 21, 2019

U.S Department of Housing and Urban Development
Continuum of Care Program (CoC)
Washington, DC 20410-7000

To Whom It May Concern:

Please accept this documentation indicating a strong financial commitment by AIDS Alabama and the grant sources listed below in granting such funds for the Le Transclusive Consolidated CoC project. The amounts listed below will be used as match/leverage funds to facilitate the renewal of the 2019-2020 Le Transclusive Consolidated CoC project grant application.

1. Match (In-Kind) - AIDS Alabama (Main Office and Living Well Center Rent and Utilities) - $15,983.00
2. Match (Cash) – AIDS Alabama (Ryan White, Medicaid, Program Income) - $20,100.00
3. Match (Cash) – AIDS Alabama (Legislative, HOWPA City, HOPWA State, Medicaid, Ryan White) - $74,208
4. Leverage (Cash) – AIDS Alabama (HOPWA State, HOPWA City, HRSA, Foundations, and Legislative) - $833,282.00

These match/leverage funds are conditioned on the approval of the award amount. AIDS Alabama pledges that membership dues will be paid in a timely manner to One Roof at the rate of 2% of the total grant amount to partially cover the expenses related to operating the Continuum of Care and the local HMIS implementation. Please contact our office at 205-324-9822 with any questions regarding these funds.

Sincerely,

[Signature]

Mitch Tarver
Executive Director
AIDS Alabama
3529 7th Avenue, South
P. O. Box 55703
Birmingham, AL 35222
(205) 324-9822
July 21, 2019

U.S Department of Housing and Urban Development
Continuum of Care Program (CoC)
Washington, DC 20410-7000

To Whom It May Concern:

Please accept this documentation indicating a strong financial commitment by AIDS Alabama and the grant sources listed below in granting such funds for the Way Station CoC project. The amounts listed below will be used as match/leverage funds to facilitate the 2019-2020 Way Station grant application.

1. Leverage (Cash) – AIDS Alabama (Foundations) - $103,135.00
2. Leverage (Cash) – AIDS Alabama (CDC Grants) - $60,510.00
3. Match (Cash) – AIDS Alabama (Community Foundation) - $72,720.00
4. Leverage (In-Kind) – AIDS Alabama (Housing Facilities FMR) - $63,180.00
5. Leverage (Cash) – AIDS Alabama (HOPWA State, HOPWA City, and Legislative) - $355,445.00

These match/leverage funds are conditioned on the approval of the award amount. AIDS Alabama pledges that membership dues will be paid in a timely manner to One Roof at the rate of 2% of the total grant amount to partially cover the expenses related to operating the Continuum of Care and the local HMIS implementation. Please contact our office at 205-324-9822 with any questions regarding these funds.

Sincerely,

[Signature]

Mitch Tarver
Executive Director, AIDS Alabama

AIDS Alabama
3529 7th Avenue, South
P. O. Box 55703
Birmingham, AL 35222
(205) 324-9822

AIDS Alabamadevotes its energy and resources statewide to helping people with HIV/AIDS live healthy, independent lives and works to prevent the spread of HIV.