

## **Before Starting the Project Application**

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2017 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:** 09/18/2017

**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:** YWCA OF GREATER HARRISBURG

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 23-1370514

	<b>c. Organizational DUNS:</b>	094232774	<b>PLUS 4:</b>	0000
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### d. Address

**Street 1:** 1101 Market Street

**Street 2:**

**City:** Harrisburg

**County:** Dauphin

**State:** Pennsylvania

**Country:** United States

**Zip / Postal Code:** 17103

### e. Organizational Unit (optional)

**Department Name:** HHS

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Julie

**Middle Name:**

**Last Name:** Hoskins

**Suffix:**

**Title:** Director of Housing and Homelessness

**Organizational Affiliation:** YWCA OF GREATER HARRISBURG

**Telephone Number:** (717) 234-7931

**Extension:** 3052

**Fax Number:** (717) 234-1779

**Email:** [jhoskins@ywcahbg.org](mailto:jhoskins@ywcahbg.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-6100-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):** Pennsylvania  
**(for multiple selections hold CTRL key)**

**15. Descriptive Title of Applicant's Project:** 2017 YWCA Joint TH-RRH

**16. Congressional District(s):**

**a. Applicant:** PA-011, PA-004, PA-015

**b. Project:** PA-011, PA-004, PA-015  
**(for multiple selections hold CTRL key)**

**17. Proposed Project**

**a. Start Date:** 02/01/2018

**b. End Date:** 01/31/2019

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Mary

**Middle Name:** J

**Last Name:** Quinn

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (717) 234-7931  
**(Format: 123-456-7890)**

**Fax Number:** (717) 234-1779  
**(Format: 123-456-7890)**

**Email:** mquinn@ywcahbg.org

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

**Date Signed:** 09/18/2017



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - Form 2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2510-0011 (exp.11/30/2018)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** YWCA OF GREATER HARRISBURG

**Prefix:** Ms.

**First Name:** Mary

**Middle Name:** J

**Last Name:** Quinn

**Suffix:**

**Title:** Chief Executive Officer

**Organizational Affiliation:** YWCA OF GREATER HARRISBURG

**Telephone Number:** (717) 234-7931

**Extension:** 3110

**Email:** mquinn@ywcahbg.org

**City:** Harrisburg

**County:** Dauphin

**State:** Pennsylvania

**Country:** United States

**Zip/Postal Code:** 17103

**2. Employer ID Number (EIN):** 23-1370514

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$171,096.00

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
N/A	N/A	\$0.00	N/A

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

**Part III Interested Parties**

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
N/A	NA	NA	\$0.00	0%

**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 this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Mary Quinn, Chief Executive Officer

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

**Date Signed:** 07/18/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** YWCA OF GREATER HARRISBURG

**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>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.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

### 2. Sites for Work Performance.

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

**I hereby certify that all the information stated herein, as well as any information provided in**

X
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**the accompaniment herewith, is true and accurate.**



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

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Mary

**Middle Name:** J

**Last Name:** Quinn

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (717) 234-7931  
**(Format: 123-456-7890)**

**Fax Number:** (717) 234-1779  
**(Format: 123-456-7890)**

**Email:** mquinn@ywcahbg.org

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

**Date Signed:** 09/18/2017

## **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:** YWCA OF GREATER HARRISBURG

**Name / Title of Authorized Official:** Mary Quinn, Chief Executive Officer

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

**Date Signed:** 09/18/2017

# 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:** YWCA OF GREATER HARRISBURG

**Street 1:** 1101 Market Street

**Street 2:**

**City:** Harrisburg

**County:** Dauphin

**State:** Pennsylvania

**Country:** United States

**Zip / Postal Code:** 17103

**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:** Mary

**Middle Name:** J

**Last Name:** Quinn

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (717) 234-7931  
**(Format: 123-456-7890)**



**Fax Number:** (717) 234-1779  
**(Format: 123-456-7890)**

**Email:** mquinn@ywcahbg.org

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

**Date Signed:** 09/18/2017

## 2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

## 2B. 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.

The applicant has managed multiple sources of federal funds. Since 1999 the YWCA Greater Harrisburg has managed SHP projects and is currently managing six SHP renewal grants. Additionally, the applicant has successfully managed a competitive five year SAMHSA Supportive Employment grant, deemed so necessary to our CoC that it was largely renewed by Dauphin County when the grant period was over. Currently, the YWCA Greater Harrisburg is the recipient of a U.S. Department of Justice Office of Victims of Crime grant to serve victims of human trafficking. Additionally the YWCA successfully managed an HPRP Stimulus project for 2010, 2011, 2012. The YWCA Greater Harrisburg successfully manages ESG funding from the City of Harrisburg and has done so since at least 2008. The YWCA also receives funding from the Department of Veteran Affairs for Veteran housing and employment as well as from FEMA's EFSP program. The YWCA is in good standing with all funders. The YWCA also enjoys a cordial relationship with the regional HUD office as well as all state, local and regional governmental bodies which interact with the agency in the process of executing grant agreements.

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

The YWCA Greater Harrisburg is the largest recipient of United Way funds in the Capital Region, a major source of private unrestricted funding capable of being used for both match and leverage. The YWCA also receives funding through multiple funding streams including through the state of PA Housing Assistance Program, Dauphin County Drug and Alcohol and MH/ID. The YWCA also raise its own funds through ongoing efforts throughout the year. Additionally local resources can be used to leverage services for YWCA project recipients. The YWCA actively engages in multiple partnerships and collaborative relations, the chief of which being the CoC, CACH.

### 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.

For more than a century, the YWCA has been an integral part of the Greater Harrisburg community. As a mission driven organization, the agency has provided services empowering women and their families since 1894. The Board of YWCA Greater Harrisburg hires and regularly evaluates the Chief Executive Officer and governs all aspects of the operations of the YWCA. They meet bi-monthly and are kept current on matters of finance, programs, funding,

personnel etc. The YWCA has an Executive team comprised of four members; the Chief Executive Officer, the Vice President of Residential and Violence Intervention and Prevention programs, the Vice President of Income and Education programs, and the Vice President of Finance and Administration and Chief Financial Officer, who are responsible for the day to day running of the organization.

The YWCA follows Federal audit standards as required by OMB circular A-133. Audits are conducted annually by an independent auditing firm.

**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:** PA-501 - Harrisburg/Dauphin County CoC

**1b. CoC Collaborative Applicant Name:** Capital Area Coalition on Homelessness

**2. Project Name:** 2017 YWCA Joint TH-RRH

**3. Project Status:** Standard

**4. Component Type:** Joint TH & PH-RRH

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

### 3B. Project Description

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

The YWCA Greater Harrisburg proposes to reallocate their HUD Transitional Housing program beds and apply for the new Joint TH RRH project. We propose to set aside 15 beds on the YWCA campus at 1101 Market St. Harrisburg, PA as crisis beds for those who are fleeing domestic violence and human trafficking as well as for those at risk of being trafficked including homeless unaccompanied youth and parenting youth. Project participants will enter from the street, places unfit for human habitation, domestic violence and emergency shelters. Project applicants will be those who demonstrate the highest vulnerability through our CoC's Centralized Entry Assessment and Referral system. The Transitional Housing portion of the joint project will follow a Housing First, client centered model with low barriers to entry with the goal of moving participants to permanent housing as quickly as possible. Intensive case management and housing placement services will be provided to all participants and other supportive services will be available to all participants who elect to participate including but not limited to employment services, life skills, parenting and childcare. Furthermore, participants will be connected to mainstream benefits and services for which they are eligible and are sought including but not limited to health care, SSI and SSDI, food stamps and TANF. There will be three SOAR trained case managers on the YWCA campus to help those with need to apply for social security benefits. Health insurance and health care service navigators will regularly visit YWCA campus to explain health benefits to participants and assist them in finding a medical home if that is the choice. Crisis housing stays will be dictated by the needs of the program participants but are projected to necessitate stays of between one to three months

Last year, 414 people fleeing domestic violence were unable to be served in the YWCA Greater Harrisburg's 16 bed Domestic Violence shelter because there were no available beds. Some were able to be housed safely out of the area. Others were not. Also, our CoC's CEAR process has shown a high level of demand and need for housing by homeless youth both unaccompanied and parenting. The YWCA of Greater Harrisburg is a secured facility with front desk coverage 24 hours a day, seven days a week. This makes the YWCA and ideal site for crisis housing for those people who are in danger either because they are fleeing domestic violence or human trafficking situations. It also is a safe place for youths who may be in danger of being targeted by human traffickers or those trying to exploit their youth and vulnerability.

Once safety is assured and participants are able to seek permanent housing, the YWCA seeks to provide rapid rehousing in the form of four months of rental assistance along with housing stability case management for approximately 20 people per year through this grant funding 10 one bedroom apartments and 5 two-bedroom apartments.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

The YWCA Transitional Housing program will immediately begin to move towards this model so that upon notice of funding the project will be in place and ready. The current transitional housing program would have been renewed by February 1, 2018. It is the hope of the YWCA that we can move seamlessly from the current Transitional Housing project into the new Joint TH RRH at that time using current TH staff.

Finance office will monitor on a monthly basis the percentage of TBRA expended and report to Director of VIP.

Case Manager will document progress of client goals and outcomes on a weekly, monthly and quarterly basis and report to Director of VIP.

Rapid Rehousing rental assistance to begin within one month of funding availability.

Director of VIP reports to YWCA client outcomes and updates in monthly program report.

Clients will be entered into CoC HMIS using anonymous identifiers. Monthly updates of progress will be entered.

Finance office will draw down SHP funds on a monthly basis using E-LOCCS.

**3. Will your project participate in a CoC Coordinated Entry Process?** Yes

**\* 4. Please identify the project's specific population focus.**

**(Select ALL that apply)**

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

**5. Housing First**

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>

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

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

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

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

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

N/A

**7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** Yes

**Explain how and why the project will implement this requirement.**

During the crisis phase of the program, the participants will be living "on campus" at the YWCA(1101 Market St. Harrisburg, PA) as the housing search is conducted for permanent housing.

**8. Will more than 16 persons live in one structure?** No



### 3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? No

3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Provide additional supportive services to homeless persons

#### Additional supportive services to homeless persons

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

**Describe the reason for the supportive service increase indicated above.**

This project will increase the number of rapid rehousing beds to the CoC and ensure that permanent housing is provided to those most vulnerable.

## 4A. Supportive Services for Participants

**1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?** Yes

**1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?** Yes

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

Assistance will be guided by assessment of housing barriers, strengths, and preferences. During the TH portion of the project, emergent needs will be address through participant centered goal planning. Such needs may be but not limited to connection to mainstream benefits and services, safety planning and legal needs common to domestic violence victims such as obtaining pfa orders. Obtaining id, connection to mainstream benefits and services and finding permanent housing in a neighborhood of the project participant's choice will be addressed. During the RRH, all services previously available are still available in addition to TBRA for up to four months. TBRA will be utilized for security deposits, first and last month's rent and monthly rent. The tenant will contribute one third of eligible income to rent with the YWCA/SHP contributing the balance. The case manager will meet with the client once a week during the first month of PH decreasing to every other week afterwards if stability allows.

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

All clients will be referred to mainstream benefits for which they are eligible. The client will be assessed for employability and assisted in developing employment goals by employment counselors at the YWCA. An employment goal plan will be created based on assessments and goals for all employable clients. The project's case manager will coordinate and work closely with the employment specialist and project participant in pursuit of employment goals. For all those project participants who are determined to be unemployable and who have not yet applied for Social Security benefits, a referral to the SOAR specialist will be made if appropriate

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Weekly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Applicant	As needed
Education Services	Applicant	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	Weekly
Legal Services	Applicant	As needed
Life Skills Training	Applicant	Weekly
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

**5. Please identify whether the project will include the following activities:**

**5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**5b. Use of a single application form for four or more mainstream programs?** Yes



**5c. 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?** Yes

**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.

	TH	RRH	Total
<b>Total Units:</b>	7	15	12
<b>Total Beds:</b>	15	20	35

**The sum of TH and RRH amounts must equal the Total.**

Housing Type	Units	Beds
Shared housing	5	15
Scattered-site apartments (...)	7	20

## 4B. Housing Type and Location Detail

**1. Housing Type:** Shared housing

**Is this a private or semi private room?** Yes

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

**a. Units:** 5

**b. Beds:** 15

### 3. Address

**Street 1:** 1101Market Street

**Street 2:**

**City:** Harrisburg

**State:** Pennsylvania

**ZIP Code:** 17103

**\*4. 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)**

429043 Dauphin County

## 4B. Housing Type and Location Detail

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

**Is this a private or semi private room?** Yes

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

**a. Units:** 7

**b. Beds:** 20

**3. Address**

**Street 1:**

**Street 2:**

**City:**

**State:**

**ZIP Code:**

**\*4. 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)**

429043 Dauphin County

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Number of Households</b>	12	18	2	32
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
<b>Adults over age 24</b>	7	8		15
<b>Adults ages 18-24</b>	5	10		15
<b>Accompanied Children under age 18</b>	12		0	12
<b>Unaccompanied Children under age 18</b>			2	2
<b>Total Persons</b>	24	18	2	44

**Click Save to automatically calculate totals**



## 5B. Project Participants - Subpopulations

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

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	1	0	1	3	0	0	2
Adults ages 18-24	0	0	0	0	0	1	3	0	1	0
Children under age 18	0			0	0	0	0	0	0	12
<b>Total Persons</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>14</b>

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	2	0	0	1	0	2	3	0	0	0
Adults ages 18-24	1	0	0	1	0	1	5	1	1	0
<b>Total Persons</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18	0			0	0	0	0	0	0	0
Unaccompanied Children under age 18	0			0	0	0	0	0	0	2
<b>Total Persons</b>	<b>0</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>

**Click Save to automatically calculate totals**

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

Accompanied children under the age of 18 are not being listed as a part of a sub population. They will be accompanying a parent and will be treated as their own "sub population" - a child. Most will be of pre-school age. A few of the youth under 24 will be "at risk of being trafficked."

## 5C. Outreach for Participants

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

5%	Directly from the street or other locations not meant for human habitation.
25%	Directly from emergency shelters.
0%	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing.
0%	Directly from safe havens.
60%	Persons fleeing domestic violence.
10%	Directly from transitional housing.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

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

The Joint Project case manager will do outreach through the CoC's HMIS CEAR process (street, locations not meant for human habitation) as well as directly to the YWCA Violence Intervention and Prevention department (human trafficking victims, those fleeing domestic violence). The case manager will also outreach directly to other shelters in the CoC.

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2019?** Yes

**2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus?** 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:**

<b>Acquisition/Rehabilitation/New Construction</b>	<input type="checkbox"/>
<b>Leased Units</b>	<input type="checkbox"/>
<b>Leased Structures</b>	<input type="checkbox"/>
<b>Rental Assistance</b>	<input checked="" type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operating</b>	<input checked="" type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

## 6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:			\$52,872
Total Units:			6
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	PA - Harrisburg-Carlisle, PA MSA (420...	6	\$52,872

## Rental Assistance Budget Detail

### Instructions:

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

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

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

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

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

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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

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

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

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

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

**Type of Rental Assistance: TRA**

**The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.**

**Metropolitan or non-metropolitan PA - Harrisburg-Carlisle, PA MSA (4204199999)  
fair market rent area:**

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

<b>SRO</b>		x	\$447	x	12	=	\$0
<b>0 Bedroom</b>		x	\$596	x	12	=	\$0
<b>1 Bedroom</b>	5	x	\$704	x	12	=	\$42,240
<b>2 Bedrooms</b>	1	x	\$886	x	12	=	\$10,632
<b>3 Bedrooms</b>		x	\$1,132	x	12	=	\$0
<b>4 Bedrooms</b>		x	\$1,214	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$1,396	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$1,578	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$1,760	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$1,942	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$2,125	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	6						\$52,872
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$52,872

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

## 6F. Supportive Services Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	.30 FTE Residential Advisor @ 33,500 + Frindges/Benefits @ 9400	\$12,870
2. Assistance with Moving Costs	One time payment associated with establishing permanent tenancy i.e moving fees @ \$225 x 5 clients	\$1,125
3. Case Management	1 FTE Case Manager @ \$33,000 + Fringe/Benefits @ \$9240; Project Team Leader .25 FTE \$40000+ Fringe/Benefits @ \$11,200; .10 FTE Case Manager 6 month follow up @ \$32,000 + Fringe/Benefits @ \$9,000	\$59,140
4. Child Care	Drop in child care @ \$10.50/hr. x 4 times week	\$2,184
5. Education Services	.05 FTE Computer Instructor @ \$31,000	\$1,550
6. Employment Assistance		\$0
7. Food		\$0
8. Housing/Counseling Services		\$0
9. Legal Services		\$0
10. Life Skills	.20 FTE Life Skills Coordinator and Instructor @ 29,000 + Fringe/Benefits @ \$8100	\$7,420
11. Mental Health Services		\$0



<b>12. Outpatient Health Services</b>		\$0
<b>13. Outreach Services</b>		\$0
<b>14. Substance Abuse Treatment Services</b>		\$0
<b>15. Transportation</b>	Bus tokens \$1.50 x 300 yrs.	\$450
<b>16. Utility Deposits</b>		\$0
<b>17. Operating Costs</b>		\$0
<b>Total Annual Assistance Requested</b>		\$84,739
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$84,739

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

## 6G. Operating

**Instructions:**

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

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

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

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

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

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

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

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


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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		\$0
2. Property Taxes and Insurance	Real estate taxes \$5000 and insurance \$1000	\$6,000
3. Replacement Reserve		\$0
4. Building Security	.35 Property Manager @ 31,660 + Fringes and Benefits @\$8865	\$14,183
5. Electricity, Gas, and Water	utility costs for the project	\$5,250
6. Furniture		\$0
7. Equipment (lease, buy)		\$0
<b>Total Annual Assistance Requested</b>		<b>\$25,433</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$25,433</b>

**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:	\$42,774
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$42,774

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	UWCR	08/28/2017	\$42,774

## 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:** UWCR  
**(Be as specific as possible and include the office or grant program as applicable)**

**5. Date of Written Commitment:** 08/28/2017

**6. Value of Written Commitment:** \$42,774

## 6J. Summary Budget

**The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.**

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$52,872	1 Year	\$52,872
4. Supportive Services	\$84,739	1 Year	\$84,739
5. Operating	\$25,433	1 Year	\$25,433
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$163,044
8. Admin (Up to 10%)			\$8,052
9. Total Assistance Plus Admin Requested			\$171,096
10. Cash Match			\$42,774
11. In-Kind Match			\$0
12. Total Match			\$42,774
13. Total Budget			\$213,870

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

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **7D. Certification**

### **A. For all projects:**

#### **Fair Housing and Equal Opportunity**

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

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

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

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

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

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

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



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

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

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

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 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.**

For 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.

**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:** Mary Quinn

**Date:** 09/18/2017

**Title:** Chief Executive Officer

**Applicant Organization:** YWCA OF GREATER HARRISBURG

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

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent**

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

## 8B. Submission Summary

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

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
New Project Application FY2017	Page 51 09/20/2017

<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/18/2017
<b>1E. SF-424 Compliance</b>	09/18/2017
<b>1F. SF-424 Declaration</b>	09/18/2017
<b>1G. HUD 2880</b>	09/18/2017
<b>1H. HUD 50070</b>	09/18/2017
<b>1I. Cert. Lobbying</b>	09/18/2017
<b>1J. SF-LLL</b>	09/18/2017
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	09/18/2017
<b>3A. Project Detail</b>	09/18/2017
<b>3B. Description</b>	09/18/2017
<b>3C. Expansion</b>	09/18/2017
<b>4A. Services</b>	09/18/2017
<b>4B. Housing Type</b>	09/18/2017
<b>5A. Households</b>	09/18/2017
<b>5B. Subpopulations</b>	09/18/2017
<b>5C. Outreach</b>	09/18/2017
<b>6A. Funding Request</b>	09/18/2017
<b>6E. Rental Assistance</b>	09/18/2017
<b>6F. Supp Srvcs Budget</b>	09/18/2017
<b>6G. Operating</b>	09/18/2017
<b>6I. Match</b>	09/18/2017
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7D. Certification</b>	09/18/2017