

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 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 2018 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: 09/14/2018

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: Scholars Inc

b. Employer/Taxpayer Identification Number (EIN/TIN): 47-3158402

| | | | | |
|--|--------------------------------|-----------|----------------|--|
| | c. Organizational DUNS: | 080294830 | PLUS 4: | |
|--|--------------------------------|-----------|----------------|--|

d. Address

Street 1: 11 S 20th St

Street 2:

City: Harrisburg

County:

State: Pennsylvania

Country: United States

Zip / Postal Code: 17104

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: Dominic

Middle Name:

Last Name: Allen

Suffix:

Title: Treasure

Organizational Affiliation: Scholars Inc

Telephone Number: (717) 329-1662

Extension:
Fax Number: (717) 525-8966
Email: daallen24@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-6200-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: Thrive Housing

16. Congressional District(s):

a. Applicant: PA-010
b. Project: PA-010
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2019
b. End Date: 06/30/2020

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: Mrs.

First Name: DaNatia

Middle Name:

Last Name: Allen

Suffix:

Title: Executive Director

Telephone Number: (717) 805-9045
(Format: 123-456-7890)

Fax Number: (717) 525-8966
(Format: 123-456-7890)

Email: scholarsthrive@gmail.com

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

Date Signed: 09/14/2018

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: Scholars Inc

Prefix: Mrs.

First Name: DaNatia

Middle Name:

Last Name: Allen

Suffix:

Title: Executive Director

Organizational Affiliation: Scholars Inc

Telephone Number: (717) 805-9045

Extension:

Email: scholarsthive@gmail.com

City: Harrisburg

County:

State: Pennsylvania

Country: United States

Zip/Postal Code: 17104

2. Employer ID Number (EIN): 47-3158402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$131,554.00

(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. 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 this information is true and complete.

I AGREE:

Name / Title of Authorized Official: DaNatia Allen, Executive Director

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

Date Signed: 08/28/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

2. Sites for Work Performance.

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

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

| |
|---|
| X |
|---|

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: Mrs.

First Name: DaNatia

Middle Name

Last Name: Allen

Suffix:

Title: Executive Director

Telephone Number: (717) 805-9045
(Format: 123-456-7890)

Fax Number: (717) 525-8966
(Format: 123-456-7890)

Email: scholarsthrive@gmail.com

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

Date Signed: 09/14/2018

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: Scholars Inc

Name / Title of Authorized Official: DaNatia Allen, Executive Director

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

Date Signed: 09/14/2018

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: Scholars Inc

Street 1: 11 S 20th St

Street 2:

City: Harrisburg

County:

State: Pennsylvania

Country: United States

Zip / Postal Code: 17104

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: Mrs.
First Name: DaNatia
Middle Name:
Last Name: Allen
Suffix:
Title: Executive Director
Telephone Number: (717) 805-9045
(Format: 123-456-7890)
Fax Number: (717) 525-8966
(Format: 123-456-7890)
Email: scholarsthive@gmail.com
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/14/2018

2A. Project Subrecipients

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

Total Expected Sub-Awards:

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe 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.

Scholars Inc. (Scholars) has served homeless youth since its founding as a non-profit organization in 2014. Since its inception, Scholars provides housing and supportive services to over 150 youth. The organization currently provides 47 bed of term limited housing in facilities and 15 of permanent housing beds. As a result, 92% successfully transitioned to permanent housing or other safe and appropriate settings. The goal of this program and primary focus is to assist homeless Transitional Age Youth (TAY) ages 18 - 24, to secure and successfully remain in permanent housing based in the community. In the process, Scholars offers a transitional program and environment where homeless youth can address the issues that may have contributed to their homelessness, while also learning the skills necessary to support themselves in the community. Scholars, helps each youth experiencing homelessness to reconnect with family and friends, manage their finances, and learn basic life skills such as grocery shopping, cooking, laundry, or simply riding the bus. Scholars' staff spend 75% of their time in case management assisting program participants secure employment, find housing, and live a healthy and productive lifestyle, in order to reclaim their place in the community as successful neighbors, family members and tenants,

Scholars collaborates with pertinent community organizations that also service homeless youth and their families. Referrals will come through the CoC's Coordinated Entry, and will originate from Scholar's collaborative network. Dauphin County Children and Youth provide referrals and material assistance for youth who have aged out of foster care and are experiencing homelessness. Scholars' networks also include County Juvenile Probation Offices, Capital Area Intermediate Unit, LEA's and Educating Children and Youth Experiencing Homelessness (ECYEH) which is the region's Mckinney-Vento-Hearth Agency, Bethesda Mission, Downtown Daily Bread, Shalom House, Interfaith Shelter, YWCA of Greater Harrisburg, Brethren Housing, Gaudenzia DELTA, HELP Ministries, and the LBBTQ Center of Harrisburg.

Valley Youth House RHY homeless outreach program is a primary partner with Scholars providing the bulk of homeless referrals and joint case conferencing. These organizations are involved agency members of the Capital Area Coalition on Homelessness, the CoC's collaborative applicant, of which Scholars serves on its homeless youth committee and general committee. In addition Scholars networks with a variety of material aids agencies such as M28 House2Home furniture bank, food banks, etc. and organizes a large cadre of community and faith based volunteers.

This proposal is an expansion of term limited housing, supportive services, and tenant based rental assistance to permanent housing through a Joint TH-PH RRH program. Due to Scholars' existing program and infrastructure, ramp up implementation of this project will be timely and seamless.

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

Scholars leverages local foundations and private sector donors, individuals and businesses through its fundraising efforts. Foundations and fundraising 10% of the organization's operating revenue.

Scholars' business and community networks are bolstered by an active Board of Directors and Administration that have promoted its projects, success records, and ethical conduct in finance and operations. Through these efforts, the organization has secured volunteers services and in-kind contributions of supplies and assets valued at \$62540 annually.

At the local municipal level, Scholars has a sub-contract through Valley Youth House with Dauphin County to provide housing and services for homeless youth as well as court adjudicated minors. This comprises 60% of the operational budget.

This application provides a critical unmet need in the CoC blueprint to end homelessness, which is a unique Joint TH-RRH project wholly dedicated for TAY experiencing homelessness. This proposal is Scholar's first federal application and was encouraged by the CoC due to the organization's scope and capacity in meeting this need. This project leverages federal Department of Health and Human Services RHY funds through the outreach and shared case conferencing with Valley Youth House, Inc. Valley Youth House has an RHY Outreach grant but without a housing component. Therefore, the majority of their participants are referred outside of the continuum and outside the participant's geo-social network for housing. Thrive Housing will provide CoC based housing to match and leverage this federally funded RHY outreach program.

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.

Scholars' organizational and management structure comprises of a Board of Directors, Executive Director, fiscal officer, program and service Delivery staff. Scholars has a total of 6 FTE positions.

The Board of Directors is the governing body and is populated by 5 prominent civic and business leaders and meets monthly. Their function is oversight of the organization's macro operations and fundraising. As such the Board monitors the organization's fiscal management, reviewing and approving the annual budget and verifying that the nonprofit's funds are effectively and efficiently utilized. They evaluate whether the organization is fulfilling its mission and values in its programs any undertaking. Board members conveying the organization's mission in the community raise awareness and funds.

The Executive Director supervises all program and direct service staff. Program staff execute daily operations, implement new and existing programs and organize events. Administrative fulfill clerical and front desk duties, scheduling appointments, project details, event planning and correspondence.

Service Delivery staff work directly with our homeless youth providing an array of services including case management, life skills, transportation, and housing counseling, outreach, referral, and follow up.

The organization has an annual operating budget of \$200,000. All fiscal operations follow GAAP with separate revenue in un-comingled accounts.

Operational revenue and invoices, ledgers, cancelled checks, personnel payroll and wage statements including hours for volunteers are documented and stored in locked files for a period of 7 years. All accounting utilizes quick books and is backed up weekly with spread sheet reports that are compatible and can interface with E-IOCCS.

Our operations and staff is commensurate with this project proposal expansion scope of 7 TH beds and & 7 RRH slots at a point in time.

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: Thrive Housing

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

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 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

Scholars' Services Youth Residential Program (Thrive) will provide a Joint TH-PH RRH project for Transition Age youth. Thrive housing will utilize 7 beds of a 12 bed-multifamily facility for TH for 90–120 days followed by a 90 day PH-RRH for cohorts of 7 TAY and a total of 28 annually. The project will target homeless youth with the highest needs; Unsheltered; Have been homeless for a long time or repeatedly; Most vulnerable to violence or harm; and Highest barriers to housing. TH will provide housing that is a safe, nurturing, and structured with a Housing First approach. It is a 90–120 day TH to PH-RRH utilizing a Housing First approach which includes: Low barriers to entry (including being able to accommodate youth with pets and partners) without regard to recovery status, income, criminal record, etc., and follow equal access requirements; Youth owned and voluntary support services; No requirements to take part in treatment or services to receive help; Trauma informed care and victim centered services; Moving into permanent housing as quickly as possible; Incorporate youth-choice in finding permanent housing. Referrals are through CoC Coordinated Entry. Referrals include Dauphin County Youth Services, County Juvenile Probation, Capital Area Intermediate Unit, LEA's and Educating Children and Youth Experiencing Homelessness (ECYEH,) the region's Mckinney-Vento-Hearth Education Agency, Bethesda Mission, Downtown Daily Bread, Shalom House, Interfaith Shelter, YWCA of Greater Harrisburg, Brethren Housing, Gaudenzia DELTA, HELP Ministries. Valley Youth House RHY Outreach and the LGBTQ Center of Harrisburg are primary sources. The project will provide 1 FTE to provide the following: 0.25 FTE case management that uses Positive Youth Development, victim centered and Trauma Informed care principles with referral to any behavioral health and victim services as desired by the participant. ISP's will only be developed that are resident owned, voluntary and created through Motivational Interviewing. Case management includes securing mainstream employment income to sustain PH 0.25 FTE life skills i.e. household responsibilities, tenant expectations, employment, college preparation, time and money management and self-care. 0.25 FTE housing placement and counseling, housing search and landlord development, assisting participants with move-in resources such as furniture, payment of arrears, application fees, etc. 0.25 FTE transportation for goals. Case management provides supportive services throughout the residents' stay in PH-RRH. Discharge and Aftercare planning begin at intake, and staff will case-conference together with the participant and referring support agencies to ensure support and sustainability networks. Program outcomes are 80% PH placement rate; 75% increase or maintain source of income; Placement into PH RRH immediate or 30 days after 90 days of TH. Outcomes are measured through Placement and Post Placement benchmarks and tracked on HMIS.

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

| | | |
|--------------------------------|---------|------------|
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|--------------------------------|---------|------------|

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.

| Project Milestones | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
|---|--|--|--|--|
| | A | B | C | D |
| New project staff hired, or other project expenses begin? | 90 | | | |
| Participant enrollment in project begins? | 120 | | | |
| Participants begin to occupy leased units or structure(s), and supportive services begin? | 120 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity? | | | | |
| Closing on purchase of land, structure(s), or execution of structure lease? | | | | |
| 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)

| | | | |
|------------------|-------------------------------------|--------------------------------|-------------------------------------|
| Chronic Homeless | <input checked="" type="checkbox"/> | Domestic Violence | <input checked="" type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input checked="" type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families | <input checked="" 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 Yes

into permanent housing

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? 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.

N/A

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

3C. Project Expansion Information

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

PH-RRH TBRA is the PH component of the project. 0.25 FTE of case management is budgeted for housing search, counseling, and securing of resources. We will utilize landlords and the PA Housing and Finance Associations' to search. Units are one bedroom and all costs are equal to or less than FMR, inspections similar to Section 8 HCV for local and federal housing code and standards are conducted. Search for housing begins at intake and with primary focus 30 days prior and up to 30 after 90-day mark in TH. Case Management maintains the values and the principles of cultural proficiency and anti-racism and the tenants of harm reduction. Housing First and youth choice are models employed in the search. Housing stabilization services will be provided to tenants while receiving TBRA PH-RRH. Sustainability is in relationships with other community service providers such as Community Action Resident Counselors, social workers onsite at private low-income housing establishments etc.

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

Case managers assist participants through employment readiness life skills; application, resume, interview, job search techniques to obtain earned income. Case managers also will assist participants in obtaining mainstream cash and non-cash resources as applicable, including SSI/SSDI, SNAP, Medical Assistance. Scholars has referral linkages to mainstream education and employment services such as Tri County OIC which is the PA Department of

Education vendor for adult and basic education, ESL, as well as to PA CareerLink which provides PA Department of Labor Workforce Investment Board training and job search. Case managers will utilize the online single portal, COMPASS, for applying for County Assistance benefits, as well as utilize SOAR for SSI/SSDI benefits where applicable.

**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 | Monthly |
| Assistance with Moving Costs | Partner | As needed |
| Case Management | Applicant | Weekly |
| Child Care | Non-Partner | As needed |
| Education Services | Partner | As needed |
| Employment Assistance and Job Training | Partner | As needed |
| Food | Applicant | As needed |
| Housing Search and Counseling Services | Applicant | Weekly |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Applicant | Weekly |
| Mental Health Services | Partner | As needed |
| Outpatient Health Services | Partner | As needed |
| Outreach Services | Partner | As needed |
| Substance Abuse Treatment Services | Partner | As needed |
| Transportation | Applicant | As needed |
| Utility Deposits | Partner | 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. 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. 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.

List all CoC-funded and Non CoC-funded units and beds for this project

| | TH | RRH | Total |
|---------------------|----|-----|-------|
| Total Units: | 6 | 6 | 12 |
| Total Beds: | 7 | 11 | 18 |

| Housing Type | Housing Type (JOINT) | Units | Beds |
|--------------|----------------------|-------|------|
| --- | Single Room Occup... | 6 | 7 |
| --- | Scattered-site ap... | 6 | 11 |

4B. Housing Type and Location Detail

1. Is this housing type and location for the TH portion or the 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 room? Yes

2. Housing Type: Single Room Occupancy (SRO) units

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: 6

b. Beds: 7

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: 2601 Walnut St

Street 2:

City: Harrisburg

State: Pennsylvania

ZIP Code: 17103

**6. 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)**

422898 Harrisburg, 429043 Dauphin County

4B. Housing Type and Location Detail

1. Is this housing type and location for the TH portion or the 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: 6

b. Beds: 11

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: 1938 N 3RD ST

Street 2:

City: harrisburg

State: Pennsylvania

ZIP Code: 17103

**6. 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)**

422898 Harrisburg, 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 |
|-------------------------------------|---|--|--|-------|
| Number of Households | | 7 | | 7 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | | | | 0 |
| Adults ages 18-24 | | 7 | | 7 |
| Accompanied Children under age 18 | | | | 0 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 0 | 7 | 0 | 7 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

| Characteristics | Chronicall y Homeless Non- Veterans | Chronicall y Homeless Veterans | Non- Chronicall y Homeless Veterans | Chronic Substanc e Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developm ental Disability | Persons not represent ed by listed subpopul ations |
|-----------------------|---|---|---|-----------------------------------|-----------------------------|-----------------------------|------------------------------------|------------------------|---------------------------------|--|
| Adults over age 24 | | | | | | | | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households without Children

| Characteristics | Chronicall y Homeless Non- Veterans | Chronicall y Homeless Veterans | Non- Chronicall y Homeless Veterans | Chronic Substanc e Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developm ental Disability | Persons not represent ed by listed subpopul ations |
|----------------------|---|---|---|-----------------------------------|-----------------------------|-----------------------------|------------------------------------|------------------------|---------------------------------|--|
| Adults over age 24 | | | | | | | | | | |
| Adults ages 18-24 | | | | | | | 1 | | 1 | 5 |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 5 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronicall y Homeless Non- Veterans | Chronicall y Homeless Veterans | Non- Chronicall y Homeless Veterans | Chronic Substanc e Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developm ental Disability | Persons not represent ed by listed subpopul ations |
|--|---|---|---|-----------------------------------|-----------------------------|-----------------------------|------------------------------------|------------------------|---------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

Target and prioritize youth with the highest needs, including youth who:

- Are unsheltered;
- Have been homeless for a long time or repeatedly;

- Are most vulnerable to violence or harm; and
- Have the highest barriers to accessing and maintaining permanent housing.

5C. Outreach for Participants

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

| | |
|------|--|
| 60% | Directly from the street or other locations not meant for human habitation. |
| 15% | Directly from emergency shelters. |
| 5% | 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. |
| | Directly from safe havens. |
| 5% | Persons fleeing domestic violence. |
| 15% | Directly from transitional housing. |
| | 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.

Referrals to housing will come through the CoC's Coordinated Entry (CE) and singular housing waitlist. The CoC's CE is a hybrid of no wrong door through a CE referral tool employed anywhere in the community and CE central hubs so that all persons experiencing homelessness anywhere in the CoC jurisdiction will be prioritized and placed to the appropriate housing intervention on the single housing waitlist. TAY will be directed on the single housing wait list to THRIVE's Joint TH and PH-RRH project. All this is coordinated through the CoC's HMIS and CE functions.

Referrals of youth experiencing homelessness to CE will likely originate from Dauphin County Children and Youth Services, County Juvenile Probation Offices, Capital Area Intermediate Unit, LEA's and Educating children and youth experiencing homelessness (ECYEH) which is the region's McKinney-Vento-Hearth Education Mandate Agency, Bethesda Mission, Downtown Daily Bread, Shalom House, Interfaith Shelter, YWCA of Greater Harrisburg, Brethren Housing, Gaudenzia DELTA, HELP Ministries. Valley Youth House RHY homeless outreach program and the LGBTQ Center of Harrisburg will be a primary source.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Bonus



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 | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input checked="" type="checkbox"/> |
| HMIS | <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: | | | \$61,908 |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | | 7 |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | PA - Harrisburg-Carlisle, PA MSA (420... | 7 | \$61,908 |

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 fair market rent area: PA - Harrisburg-Carlisle, PA MSA (4204199999)

| Size of Units | # of Units (Applicant) | FMR Area (Applicant) | 12 Months | Total Request (Applicant) |
|--------------------------------|------------------------|----------------------|-----------|---------------------------|
| New Project Application FY2018 | | Page 39 | | 09/14/2018 |

| | | | | | | | |
|--|---|---|---------|---|----|---|----------|
| SRO | | x | \$457 | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$609 | x | 12 | = | \$0 |
| 1 Bedroom | 7 | x | \$737 | x | 12 | = | \$61,908 |
| 2 Bedrooms | | x | \$918 | x | 12 | = | \$0 |
| 3 Bedrooms | | x | \$1,181 | x | 12 | = | \$0 |
| 4 Bedrooms | | x | \$1,265 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,455 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$1,645 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$1,834 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,024 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,214 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 7 | | | | | | \$61,908 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$61,908 |

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 | | |
| 2. Assistance with Moving Costs | | |
| 3. Case Management | 0.25 FTE case management outreach, intake, assessment, iSP @ \$34,751.00 wages and benefits x 0.25=\$8687,75.00 | \$8,688 |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | | |
| 7. Food | | |
| 8. Housing/Counseling Services | 0.25 FTE of Housing Case Management for housing search, placement and stabilization services to tenants who were formerly homeless @ \$34,751.00 wages and benefits x 0.25= \$8,687,75.00 | \$8,688 |
| 9. Legal Services | | |
| 10. Life Skills | 0.25 FTE To assist youth in attaining skills to implement their individual plan for independent living in areas that include housing, employment, education, and life skill goals @ \$34,751.00 wages and benefits x 0.25= \$8,687,75.00 | \$8,688 |

| | | |
|---|---|----------|
| 11. Mental Health Services | | |
| 12. Outpatient Health Services | | |
| 13. Outreach Services | | |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | 0.25 FTE to provide transportation for and facilitation of curriculum and experiential based life skills groups and enrichment activities, which include in areas that include housing, employment, education, and life skill goals @ \$34,751.00 wages and benefits x 0.25= \$8,687.75; Mileage at 370 miles a week x 52 weeks x \$.0.545 federal mileage rate = \$10,485.80 | \$19,174 |
| 16. Utility Deposits | | |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$45,238 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$45,238 |

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 | General building repairs and landscaping @ \$382 a month x12 months x 0.583 pro rate of square feet for 7 beds out of 12 bed facility. | \$2,672 |
| 2. Property Taxes and Insurance | Property taxes and insurance @ \$7,146.41 x x 0.583 pro rate of square feet for 7 beds out of 12 bed facility. | \$4,166 |
| 3. Replacement Reserve | | |
| 4. Building Security | | |
| 5. Electricity, Gas, and Water | Electric \$360; Gas \$318; Water \$124 a month x 12 months x 0.583 pro rate of square feet for 7 beds out of 12 bed facility. | \$5,611 |
| 6. Furniture | | |
| 7. Equipment (lease, buy) | | |
| Total Annual Assistance Requested | | \$12,449 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$12,449 |

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: | \$10,000 |
| Total Value of In-Kind Commitments: | \$24,000 |
| Total Value of All Commitments: | \$34,000 |

1. Will 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.

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|---------|---------|-------------|--------------------|----------------------|
| Yes | Cash | Private | stabler | 08/30/2018 | \$10,000 |
| Yes | In-Kind | Private | volunteer | 08/30/2018 | \$24,000 |

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: stabler
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/30/2018
6. Value of Written Commitment: \$10,000

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: volunteer
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/30/2018
6. Value of Written Commitment: \$24,000

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.

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 | \$61,908 | 1 Year | \$61,908 |
| 4. Supportive Services | \$45,238 | 1 Year | \$45,238 |
| 5. Operating | \$12,449 | 1 Year | \$12,449 |
| 6. HMIS | \$0 | 1 Year | \$0 |
| 7. Sub-total Costs Requested | | | \$119,595 |
| 8. Admin (Up to 10%) | | | \$11,959 |
| 9. Total Assistance Plus Admin Requested | | | \$131,554 |
| 10. Cash Match | | | \$10,000 |
| 11. In-Kind Match | | | \$24,000 |
| 12. Total Match | | | \$34,000 |
| 13. Total Budget | | | \$165,554 |

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:

7A. In-Kind MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

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: DaNatia Allen

Date: 09/14/2018

Title: Executive Director

Applicant Organization: Scholars 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

X

**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.

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

| Page | Last Updated |
|---|---------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/29/2018 |
| 1E. SF-424 Compliance | 08/28/2018 |
| 1F. SF-424 Declaration | 08/28/2018 |
| 1G. HUD 2880 | 08/28/2018 |
| 1H. HUD 50070 | 08/28/2018 |
| 1I. Cert. Lobbying | 08/28/2018 |
| 1J. SF-LLL | 08/28/2018 |
| 2A. Subrecipients | No Input Required |
| 2B. Experience | 09/14/2018 |
| 3A. Project Detail | 08/28/2018 |
| 3B. Description | 09/14/2018 |
| 3C. Expansion | 08/28/2018 |
| 4A. Services | 09/14/2018 |
| 4B. Housing Type | 09/13/2018 |
| 5A. Households | 08/31/2018 |
| 5B. Subpopulations | 09/04/2018 |
| 5C. Outreach | 09/14/2018 |
| 6A. Funding Request | 08/30/2018 |
| 6E. Rental Assistance | 08/30/2018 |
| 6F. Supp Srvcs Budget | 09/14/2018 |
| 6G. Operating | 09/14/2018 |
| 6I. Match | 09/04/2018 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |

| | |
|-----------------------------------|-------------------|
| 7A. In-Kind MOU Attachment | No Input Required |
| 7D. Certification | 09/04/2018 |