

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: 09/19/2017

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: Christian Churches United

b. Employer/Taxpayer Identification Number (EIN/TIN): 23-2085603

	c. Organizational DUNS:	197641137	PLUS 4:	
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d. Address

Street 1: 413 S. 19th Street

Street 2:

City: Harrisburg

County: Dauphin

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: Steve

Middle Name:

Last Name: Schwartz

Suffix:

Title: Director of Development

Organizational Affiliation: Christian Churches United

Telephone Number: (717) 230-9550

Extension:
Fax Number: (717) 230-9554
Email: sschwartz@ccuhbg.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: Help Ministries Rapid Rehousing Expansion FY2017

16. Congressional District(s):

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

17. Proposed Project

a. Start Date: 10/01/2018
b. End Date: 09/30/2019

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: Mr.

First Name: Darrel

Middle Name:

Last Name: Reinford

Suffix:

Title: Executive Director

Telephone Number: (717) 230-9550
(Format: 123-456-7890)

Fax Number: (717) 230-9554
(Format: 123-456-7890)

Email: dreinford@ccuhbg.org

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

Date Signed: 09/19/2017

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: Christian Churches United

Prefix: Mr.

First Name: Darrel

Middle Name:

Last Name: Reinford

Suffix:

Title: Executive Director

Organizational Affiliation: Christian Churches United

Telephone Number: (717) 230-9550

Extension:

Email: dreinford@ccuhbg.org

City: Harrisburg

County: Dauphin

State: Pennsylvania

Country: United States

Zip/Postal Code: 17104

2. Employer ID Number (EIN): 23-2085603

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$66,596.00

(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
Dauphin County Homeless Assistance Program	Funding for Rental Assistance & Case Management	\$373,000.00	Rental Assistance & Case Management
City of Harrisburg ESG	Funding for Emergency Shelter assessment, Homeless Prevention, and Rapid Rehousing	\$57,517.00	Emergency Shelter Assessment, Homeless Prevention and Rapid Rehousing
Dauphin County ESG	Funding for Rapid Rehousing - Rental Assistance & Case Management	\$257,000.00	Rapid Rehousing - Rental Assistance & Case Management

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 (%)
NA	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: Darrel Reinford, Executive Director

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

Date Signed: 08/21/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Christian Churches United

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: Mr.

First Name: Darrel

Middle Name

Last Name: Reinford

Suffix:

Title: Executive Director

Telephone Number: (717) 230-9550
(Format: 123-456-7890)

Fax Number: (717) 230-9554
(Format: 123-456-7890)

Email: dreinford@ccuhbg.org

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

Date Signed: 09/19/2017

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: Christian Churches United

Name / Title of Authorized Official: Darrel Reinford, Executive Director

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

Date Signed: 09/19/2017

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: Christian Churches United

Street 1: 413 S. 19th Street

Street 2:

City: Harrisburg

County: Dauphin

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: Mr.

First Name: Darrel

Middle Name:

Last Name: Reinford

Suffix:

Title: Executive Director

Telephone Number: (717) 230-9550
(Format: 123-456-7890)

Fax Number: (717) 230-9554
(Format: 123-456-7890)

Email: dreinford@ccuhbg.org

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

Date Signed: 09/19/2017

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.

Christian Churches United (CCU) has effectively used CoC funding to run the Susquehanna Harbor Safe Haven program since 2009. In its most recent program year, the Safe Haven provided housing for 40 men. The program also met its goals for the percentage of men remaining housed at the end of the year and the percentage of men who had increased their income. In regards to managing the funds, CCU has drawn down the grant funds on a quarterly basis and the most recent third-party audit had no findings in terms of the management of the grant funds.

Through our HELP Ministries program of crisis services, CCU has also successfully managed both ESG funds from both the State of Pennsylvania (through Dauphin County) and the City of Harrisburg, and has also managed a significant amount of the Dauphin County Homeless Assistance Program funding for the last 30 years. In the most recent ESG grant cycle from the State of Pennsylvania, over 100 households were able to be served through homeless prevention and rapid rehousing services, and over 75% of those served were still in housing three months after entering the program.

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

CCU provides a stellar example of drawing funding from federal, state, and local funding public funding sources along with the local United Way, numerous churches, and many private individuals and businesses to provide services to households who are homeless or in other financial crisis. As mentioned above, CCU receives Homeless Assistance Program funding from the State of PA, made possible because of the matching ESG funding from the state and city. Both of these programs allow us to provide rapid rehousing and homeless prevention services. The local United Way has annually provided over \$100,000 in funding to help with homeless prevention and supportive services such as transportation and medication assistance to supplement the other programs of CCU. Over 60 churches contribute annually to the crisis services provided by HELP Ministries.

In addition to these direct funding sources, HELP Ministries partners with numerous community agencies to leverage services for the individuals we serve. These agencies include shelters such as the YWCA Greater Harrisburg, Shalom House, Interfaith Family Shelter, and Bethesda Mission, as well as other supportive service providers including the Case Management Unit which provides MH/ID case management, the Central PA Food Bank and Ecumenical Food Pantry, and local healthcare providers such as the federally-funded Hamilton Health Center.

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.

CCU is run by an independent Board of Directors and managed on a day-to-day basis by an administrative team including the Executive Director, Office Administrator, Director of Development, and the Program Directors for HELP Ministries and Susquehanna Harbor Safe Haven. Each member of this administrative team has at least five years experience in their particular area of expertise (program management, office administration, fundraising). The Board of Directors has standing committees to oversee issues related to Programs, Personnel, Finance, and Fundraising.

The Executive Director communicates with the individual members of the administrative team on at least a weekly basis, with communication happening on a daily basis on most days. Both the Executive Director and HELP Ministries Program Director have been very active participants in the Capital Area Coalition on Homelessness (CACH), the local Continuum of Care agency. CCU is a Program Agency of the United Way of the Capital Region and has been an active participant in their Basic Needs Focus Care Council.

CCU contracts with Schreckengaust Accounting to implement our accrual basis accounting

system, tracking all financial transactions in Quickbooks, and recognizing revenues and expenses in the period in which they are incurred. Financial transactions are reviewed and internal controls monitored by the Finance Committee of the Board of Directors. The financial statements are audited annually by an independent firm, under both Generally Accepted Accounting Principles (GAAP) and OMB Circular A-133 Federal Funding guidelines.

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: Help Ministries Rapid Rehousing Expansion
FY2017

3. Project Status: Standard

4. Component Type: PH

**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.

CCU plans to expand its current Housing First Rapid Rehousing program which is currently serving families to also serve chronically homeless individuals. The target individuals will be single men or women on the street who have not been able to be successfully housed in a Safe Haven program or other long-term housing.

CCU will hire an additional part-time case manager to work with these individuals and will provide tenant-based rental assistance to assist them in obtaining housing stability. Tenant-based rental assistance will be provided to at least 5 chronically homeless individuals in the first year of this expansion to cover security deposit and a minimum of three months rent, with the length of funding based on the household's need. Starting in month two of assistance, households that have achieved income needed to meet other necessary expenses will be expected to pay a minimum of 10% of the monthly rent, with an expectation that the household's contribution towards rent will increase by a minimum of 10% a month, with the exact amount of expected increase based on the family's budget. This will help the households in learning to use a budget and work towards the goal of becoming stable in permanent housing.

The case manager will be intentional about engaging the participants frequently, assisting the individuals to find housing and to connect with other mainstream and

community resources to help them gain the income and other resources needed to maintain permanent housing. HELP Ministries has relationships with most of the social services providers in our region to facilitate connections to these resources. Participants will also be assisted in connecting to employment training and job search resources to help raise their income level. CCU will also provide up to two 10-ride bus passes to assist participants to getting to work before their first paycheck. The

projected outcome is that 80% of the participants served will remain in their new housing for at least 6 months and that 60% of the participants served will be stable in their

housing after 12 months. The case manager will work in coordination with emergency shelter staff, mental health case management, and any other community supports the participants have to assure that a common goal plan is being followed.

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

Upon notification of funding, CCU would begin the hiring process for an additional part-time staff member for our Rapid Rehousing program with the goal of

having that person employed by the first day of the grant period. While this new staff person will be in training for the first 2-3 months in terms of providing assessment and case management, current rapid rehousing staff

would be able to assess and begin providing rental assistance and supportive services to households prioritized for this rapid rehousing expansion as soon as the grant period begins. The HELP Ministries Program Director will manage the daily implementation of the program with oversight from the CCU Executive Director. The Program Director and Executive Director will communicate about any program issues on a weekly basis, with the Program Director providing a written report on the program on a quarterly basis. All households served in the program will be recorded and tracked in the CoC HIMS system. The Executive Director will monitor all expenses related to the grant in order to assure the funds are being used effectively and appropriately.

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 type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input 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 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? 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 the PH project provide PSH or RRH? RRH

8. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

9. 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? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number: PA0791

Eligible Renewal Grant Project Name: Help Ministries Rapid Rehousing

3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Increase the number of homeless persons served

Increase number of homeless persons served

Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	56
# of units	33
# of beds	58
New effort	
# of additional persons served at a point in time that this project will provide	5
# of additional units this project will provide	5
# of additional beds this project will provide	5

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.

A case manager will meet with each participant to establish both an overall goal plan and a budget plan, and provide assistance in locating an appropriate apartment. Once an apartment is located, funding will be provided as described in the project detail to keep the participant in housing. The case manager will make regular efforts to stay in touch with each participant, referring them to mainstream benefits and assisting them if there are any challenges in obtaining these benefits. The case manager will also connect them with other resources such as utility assistance that will help them minimize expenses, and any other community supports for which they qualify. The case manager will encourage participants to include savings in their budget plan in order to develop a "rainy day fund" to avoid a future loss of housing. Case management will continue after rental assistance is no longer needed to assure participants are on a course to long-term stability.

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

A case manager will assist participants in connecting to either employment training or employment search opportunities such as PA Careerlink. The case manager will also either provide training in job readiness "soft skills" or connect clients to other resources for that training. Finally, the case manager will assess other areas of training/support needed for a participant to live independently and connect them to resources to gain those skills.

**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		
Case Management	Applicant	Bi-weekly
Child Care		
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Non-Partner	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits		

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 training in the past 24 months. Yes

4B. Housing Type and Location

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

Total Units: 5

Total Beds: 5

Housing Type	Units	Beds
Scattered-site apartments (...)	5	5

4B. Housing Type and Location Detail

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

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

a. Units: 5

b. Beds: 5

3. Address

Street 1: 413 S. 19th St.

Street 2:

City: Harrisburg

State: Pennsylvania

ZIP Code: 17104

***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
Number of Households	0	5	0	5
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	4		4
Adults ages 18-24	0	1		1
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	5	0	5

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										
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	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	4	0	0	0	0	0	0	0	0	0
Adults ages 18-24	1	0	0	0	0	0	0	0	0	0
Total Persons	5	0	0	0	0	0	0	0	0	0

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										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

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

80%	Directly from the street or other locations not meant for human habitation.
20%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing that was eliminated in the FY 2017 CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
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.

We will work closely with the Coordinated Entry system to connect with appropriate referrals for this program. We will also coordinate with local Safe Haven programs, the local winter hazardous weather shelter, and the local men's shelter to learn about individuals who have chosen not to participate in their programs and assist with outreach to those individuals.

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? Permanent Housing 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:**

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<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:			\$39,648
Total Units:			5
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	PA - Harrisburg-Carlisle, PA MSA (420...	5	\$39,648

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

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)
SRO		x	\$447	x	12	=	\$0
0 Bedroom	2	x	\$596	x	12	=	\$14,304
1 Bedroom	3	x	\$704	x	12	=	\$25,344

2 Bedrooms		x	\$886	x	12	=	\$0
3 Bedrooms		x	\$1,132	x	12	=	\$0
4 Bedrooms		x	\$1,214	x	12	=	\$0
5 Bedrooms		x	\$1,396	x	12	=	\$0
6 Bedrooms		x	\$1,578	x	12	=	\$0
7 Bedrooms		x	\$1,760	x	12	=	\$0
8 Bedrooms		x	\$1,942	x	12	=	\$0
9 Bedrooms		x	\$2,125	x	12	=	\$0
Total Units and Annual Assistance Requested		5					\$39,648
Grant Term							1 Year
Total Request for Grant Term							\$39,648

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	PT Case Manager 2 hrs/week, participant assessments @ ~\$16.50/hr + benefits	\$1,900
2. Assistance with Moving Costs		
3. Case Management	PT Case Manager 14 hrs/week @ ~\$16.50/hr + benefits	\$13,398
4. Child Care		
5. Education Services		
6. Employment Assistance	PT Case Manager 2 hrs/week, reviews soft skills @ ~\$16.50/hr + benefits	\$1,900
7. Food		
8. Housing/Counseling Services	PT Case Manager 4 hrs/week, housing search and stability @ ~\$16.50/hr + benefits	\$3,750
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		

13. Outreach Services	PT Case Manager 2 hrs/week @ ~\$16.50/hr + benefits	\$1,900
14. Substance Abuse Treatment Services		
15. Transportation	Public transportation vouchers and staff mileage at \$50/month	\$600
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$23,448
Grant Term		1 Year
Total Request for Grant Term		\$23,448

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:	\$17,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$17,000

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	Government	Dauphin County ESG	08/10/2017	\$17,000

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** Dauphin County ESG
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/10/2017
- 6. Value of Written Commitment:** \$17,000

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	\$39,648	1 Year	\$39,648
4. Supportive Services	\$23,448	1 Year	\$23,448
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$63,096
8. Admin (Up to 10%)			\$3,500
9. Total Assistance Plus Admin Requested			\$66,596
10. Cash Match			\$17,000
11. In-Kind Match			\$0
12. Total Match			\$17,000
13. Total Budget			\$83,596

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: Darrel Reinford

Date: 09/19/2017

Title: Executive Director

Applicant Organization: Christian Churches United

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.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
New Project Application FY2017	Page 47
	09/20/2017

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/19/2017
1E. SF-424 Compliance	09/19/2017
1F. SF-424 Declaration	09/19/2017
1G. HUD 2880	09/19/2017
1H. HUD 50070	09/19/2017
1I. Cert. Lobbying	09/19/2017
1J. SF-LLL	09/19/2017
2A. Subrecipients	No Input Required
2B. Experience	09/19/2017
3A. Project Detail	09/19/2017
3B. Description	09/19/2017
3C. Expansion	09/19/2017
4A. Services	09/19/2017
4B. Housing Type	09/19/2017
5A. Households	09/19/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/19/2017
6A. Funding Request	09/19/2017
6E. Rental Assistance	09/19/2017
6F. Supp Srvcs Budget	09/19/2017
6I. Match	09/19/2017
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	09/19/2017