

## 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:** 08/13/2018

**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:** Center for Abuse and Rape Emergencies, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 59-2435059

	<b>c. Organizational DUNS:</b>	783432537	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** P. O. Box 510234

**Street 2:**

**City:** Punta Gorda

**County:** Charlotte

**State:** Florida

**Country:** United States

**Zip / Postal Code:** 33951-0234

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Colleen

**Middle Name:**

**Last Name:** Turner

**Suffix:**

**Title:** Senior Manager

**Organizational Affiliation:** Charlotte County Human Services

**Telephone Number:** (941) 833-6502

**Extension:**

**Fax Number:** (941) 833-6565

**Email:** colleen.turner@charlottecountyfl.gov

## 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):** Florida  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** DV Bonus SSO-CE

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

**a. Applicant:** FL-017

**b. Project:** FL-017

(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: Ms.

First Name: Karen

Middle Name:

Last Name: McElhaney

Suffix:

Title: Executive Director

Telephone Number: (941) 639-5499  
(Format: 123-456-7890)

Fax Number: (941) 639-7079  
(Format: 123-456-7890)

Email: karen.mcelhaney@carefl.org

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

Date Signed: 08/13/2018



# 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:** Center for Abuse and Rape Emergencies, Inc.

**Prefix:** Ms.

**First Name:** Karen

**Middle Name:**

**Last Name:** McElhaney

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Center for Abuse and Rape Emergencies, Inc.

**Telephone Number:** (941) 639-5499

**Extension:**

**Email:** karen.mcelhaney@carefl.org

**City:** Punta Gorda

**County:** Charlotte

**State:** Florida

**Country:** United States

**Zip/Postal Code:** 33951-0234

**2. Employer ID Number (EIN):** 59-2435059

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

**4. Amount of HUD Assistance Requested/Received:** \$50,000.00

(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:** Karen McElhaney, Executive Director

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

**Date Signed:** 08/03/2018

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Center for Abuse and Rape Emergencies, 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:** Ms.

**First Name:** Karen

**Middle Name**

**Last Name:** McElhaney

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (941) 639-5499  
**(Format: 123-456-7890)**

**Fax Number:** (941) 639-7079  
**(Format: 123-456-7890)**

**Email:** karen.mcelhaney@carefl.org

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

**Date Signed:** 08/13/2018

## **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:** Center for Abuse and Rape Emergencies, Inc.

**Name / Title of Authorized Official:** Karen McElhaney, Executive Director

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

**Date Signed:** 08/13/2018

# 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:** Center for Abuse and Rape Emergencies, Inc.

**Street 1:** P. O. Box 510234

**Street 2:**

**City:** Punta Gorda

**County:** Charlotte

**State:** Florida

**Country:** United States

**Zip / Postal Code:** 33951-0234

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

I certify that this information is true and complete.

X

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Karen

**Middle Name:**

**Last Name:** McElhaney

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (941) 639-5499  
**(Format: 123-456-7890)**

**Fax Number:** (941) 639-7079  
**(Format: 123-456-7890)**



**Email:** karen.mcelhaney@carefl.org

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

**Date Signed:** 08/13/2018



## 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: \$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.

As the only certified Domestic Violence and Rape Crisis Center in Charlotte County, C.A.R.E. acknowledges the importance of federal funding to provide critical services to victims of sexual assault and all violent crimes. C.A.R.E. currently manages over \$800,000 in federal funds. The 3 largest grants are VOCA, Green Dot and TANF which come from 3 different federal pass-through agencies.

According to the United States Census Bureau estimate of 2017, there were 182,033 people 73,299 households residing in Charlotte County. C.A.R.E. advocates are trained by FCADV and FCASV standards and certification. They perform various tasks including but not limited to answering hotlines and interacting with participants. Services and program provided by C.A.R.E. are supported by financial contributions from individual donors, in-kind donors, legacy gifts, county and city governments, Victim of Crimes Act (VOCA), the Florida Coalition Against Domestic Violence (FCADV), the Florida Council Against Sexual Violence (FCASV), the Department of Children and Families, and the Florida Department of Health. Vigorous pursuit of grants and contributed services and goods ensures that C.A.R.E. delivers more than a dollar's worth of client services for every dollar donated, and all funds are used to provide services in Charlotte County. The time volunteers share with C.A.R.E. allows the agency to extend the value of donations and grants. Volunteers work directly with victims by answering crisis calls, supporting victims in hospitals on call-out, and perform any services needed to support clients.

C.A.R.E. has been providing after-hours support to 2-1-1 since its inception in 2009, answering calls and entering basic data in Call Point, one module of HMIS/CIS.

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

As in previous years, in addition to the usual leverage afforded by volunteerism, match, and in-kind donations that afford most non-profits the ability to deliver human services at reduced cost, C.A.R.E.'s State certifications allow the organization the capacity to facilitate direct financial assistance into the pockets of victims of crime and in turn into the community through at least two sources: (1) The State of Florida oversees Federal Victims of Crime Act (VOCA) Crime Victims' Compensation Assistance which is a trust funded by criminal fines. These funds provide payment to local hospitals and medical providers for forensic exams, medical treatment of crime victims. The fund also reimburses

victims for lost work, funeral expenses, and certain other crime related expenses including relocation of domestic violence (DV) victims. It is difficult to estimate the total revenue to the county from this source because except for the later (limited to \$1500 per person) the monies, once facilitated by C.A.R.E. can be allocated for extended treatment over several years and are disbursed directly to the medical or other provider. It is not uncommon for C.A.R.E. to facilitate two of these applications per week.

(2) C.A.R.E. also facilitates relocation of DV victims through the Federally funded Temporary Assistance to Needy Families funding, in conjunction with the Florida Department of Children and Families. C.A.R.E. estimates that at least \$50,000 per year is generated in relocation assistance to persons of Charlotte County.

In 2011, the C.A.R.E. Board pledged to build and support financial sustainability by building its endowment. The Chief Advancement Officer focuses on securing legacy gifts, planned giving education, and founded the legacy society, the Circle of Compassion. A community action team was formed to raise awareness in the Englewood community and depends on citizens and community leaders to serve as ambassadors of C.A.R.E.

**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.**

C.A.R.E. is a multi-programmatic agency (domestic violence, sexual assault, victims of violent crimes) with numerous memoranda of understanding and contracts with various other community agencies and subcontractors. The financial accounting system used is QuickBooks Premier for non-profits, which is capable of allocating expenses not only across funding streams (i.e. various grants), but also across programs. C.A.R.E. has a Board of Directors, Executive Director, management team, domestic violence/sexual assault advocates, support staff, and a cadre of volunteers.

**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:** FL-602 - Punta Gorda/Charlotte County CoC

**1b. CoC Collaborative Applicant Name:** Gulf Coast Partnership, Inc.

**2. Project Name:** DV Bonus SSO-CE

**3. Project Status:** Standard

**4. Component Type:** SSO

**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.**

**Goal:**

Develop the Continuum of Care (CoC) Coordinated Entry process to incorporate 2-1-1 as a 24-hour virtual access point and strengthen services to homeless persons fleeing domestic violence, dating violence, sexual assault, stalking and/or human trafficking.

**Focus:**

Implement full integration of C.A.R.E. (Center for Abuse and Rape Emergencies, Inc.) into the Coordinated Entry process as an access point. This builds capacity for a 24-hour virtual access point as C.A.R.E. provides after-hours/weekend coverage for 2-1-1 in conjunction with their DV hotline. Provide HMIS/CIS integration and protocols for DV victim access to housing resources while preserving their safety and confidentiality.

**Priorities:**

- Three (3) additional part-time DV advocates to manage after-hours and weekend coverage of the 2-1-1 access point and associated Coordinated Entry activities (screening/assessment, data entry, referrals).
- HMIS/CIS User Licenses for nine (9) C.A.R.E. advocates to ensure capacity to meet the HMIS/CIS data requirements and referral needs for after-hours callers to 2-1-1 and DV service participants being referred to Coordinated Entry.
- The development of a common definition of domestic violence with shared principles, goals and values, ensuring equal access to housing assistance across the system and referrals for domestic violence services.
- Provide transportation assistance for homeless persons to the most appropriate service provider based on the need identified during initial assessment (as funds are available.)
- Public awareness of the Coordinated Entry program and how to access it both virtually via 2-1-1 and at physical locations.
- Ongoing relationship building across agencies and systems including joint efforts to develop Coordinated Entry processes such as a uniform screening tool that is sensitive to the circumstances of survivors with attention to trauma-informed approaches to assessment and safety planning.
- Cross-systems training: for C.A.R.E. advocates and 2-1-1 staff on HMIS/CIS and Coordinated Entry protocols; for housing assistance providers and 2-1-1 staff on the unique and complex needs of domestic violence, sexual assault, and stalking survivors; and for all CoC access points on the referral processes for both Coordinated Entry and domestic violence services.

**Outcomes:**

This funding will ensure that homeless persons seeking access to the CoC are served in a manner that respects their right to safety, privacy, confidentiality, choice and control. Access will be available at multiple locations throughout the entire geographic area and virtually via the 2-1-1 call center on a 24-hour basis. All homeless persons presenting to the CoC, regardless of whether at a physical location or via 2-1-1, will be screened for vulnerability – including the

unique vulnerabilities of persons fleeing domestic violence, dating violence, sexual assault, stalking or human trafficking – and prioritized accordingly.

**2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

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?	30			
Participant enrollment in project begins?				
Participants begin to occupy leased units or structure(s), and supportive services begin?				
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. 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 checked="" 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 checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input checked="" type="checkbox"/>

Other: LGBTQ+

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

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

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

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

- Partner agency websites
- Social media outlets
- Newspaper, radio, television (CCTV) and other media outlets
- Health fairs
- Other Outreach programs
- Printed materials distributed in English and Spanish

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

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

All homeless persons presenting at any Continuum of Care (CoC) access point, whether at one of the multiple physical locations or virtually via 2-1-1, will be screened for vulnerability and prioritized accordingly. Tools currently used for the initial screening, assessment and prioritization of need are the VI-SPDAT, VI-FSPDAT, VI-TAYSPDAT and the HUD Entry Assessment. A domestic violence screening component is being added for use by all CoC access points. If a participant identifies as fleeing domestic violence or a victim of sexual assault or human trafficking, they are immediately referred and transferred to the CoC's DV provider (C.A.R.E.). Once C.A.R.E. determines that the participant is safe and ready to pursue permanent housing, a referral to Coordinated Entry is made. While the participant is receiving DV services, they are entered into the DV service provider's database and only de-identified information is provided to the CoC, when required.

Since survivors of domestic violence may not identify as a victim it will be imperative that Coordinated Entry staff be trained to conduct a danger or risk assessment to screen for domestic violence issues. This additional risk assessment will be used to help identify and prioritize survivors in the greatest

danger. C.A.R.E. will provide education to all Coordinated Entry staff in how to conduct a danger or risk assessment with any individual who discloses they are fleeing domestic violence or human trafficking or reveals any information that implies they may be dealing with violence issues as well as confidentiality procedures to ensure that private information is protected. A deep concern for the CoC is to prevent the unintended consequence of endangering the safety of a survivor while attempting to provide services.

**4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness?** No



## **3C. Project Expansion Information**

**1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?** No

## 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?** DV Bonus

**Only RRH, SSO and JOINT component types can apply for this funding**

**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:**

**Supportive Services**

## 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
<b>1. Assessment of Service Needs</b>	65% of the cost of three part-time (PTE) C.A.R.E. advocates (\$11,831 each, working 16 hours weekly + on-call) providing evening and weekend coverage for 2-1-1 call center virtual access point, conducting vulnerability assessments and HMIS/CIS data entry. 70% of the cost of 9 HMIS/CIS user licenses for advocates serving the Coordinated Entry system.	\$29,371
<b>2. Assistance with Moving Costs</b>		
<b>3. Case Management</b>	25% of the cost of 3 PTE C.A.R.E. advocates (\$11,831 each, working 16 hours weekly + on-call) developing, securing, and coordinating services and providing information and referrals to other providers. 30% of the cost of 9 HMIS/CIS user licenses for advocates serving the Coordinated Entry system.	\$11,573
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>		

<b>9. Legal Services</b>		
<b>10. Life Skills</b>		
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>	10% of the cost of 3 PTE C.A.R.E. advocates (\$11,831 each, working 16 hours weekly + on-call) and a small budget (\$717) for advertising the Coordinated Entry system to the community to help people access homeless services.	\$4,266
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	Cab fare for transportation for eligible participants from the CoC access point to the identified provider of services, as needed and as funds are available.	\$700
<b>16. Utility Deposits</b>		
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$45,910
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$45,910

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

## 6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

### Summary for Match

Total Value of Cash Commitments:	\$12,500
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$12,500

**1. Will 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	FCADV: DVS grant:...	07/01/2018	\$5,457
Yes	Cash	Government	FCADV: DVS grant:...	07/01/2018	\$7,043

## 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:** FCADV: DVS grant: Non Federal funds  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 07/01/2018
- 6. Value of Written Commitment:** \$5,457

## 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:** FCADV: DVS grant: Non Federal funds  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 07/01/2018
- 6. Value of Written Commitment:** \$7,043

## 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	\$0	1 Year	\$0
4. Supportive Services	\$45,910	1 Year	\$45,910
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$45,910
8. Admin (Up to 10%)			\$4,090
9. Total Assistance Plus Admin Requested			\$50,000
10. Cash Match			\$12,500
11. In-Kind Match			\$0
12. Total Match			\$12,500
13. Total Budget			\$62,500

**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 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:** Karen McElhaney

**Date:** 08/13/2018

**Title:** Executive Director

**Applicant Organization:** Center for Abuse and Rape Emergencies, Inc.

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

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

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



## 8B. Submission Summary

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

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/06/2018
<b>1E. SF-424 Compliance</b>	08/03/2018
<b>1F. SF-424 Declaration</b>	08/03/2018

<b>1G. HUD 2880</b>	08/03/2018
<b>1H. HUD 50070</b>	08/03/2018
<b>1I. Cert. Lobbying</b>	08/03/2018
<b>1J. SF-LLL</b>	08/03/2018
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	08/13/2018
<b>3A. Project Detail</b>	08/03/2018
<b>3B. Description</b>	08/10/2018
<b>3C. Expansion</b>	08/03/2018
<b>6A. Funding Request</b>	08/03/2018
<b>6F. Supp Srvcs Budget</b>	08/10/2018
<b>6I. Match</b>	08/07/2018
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7D. Certification</b>	08/13/2018