

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: 09/15/2017

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: Chico Community Shelter Partnership

b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0440819

	c. Organizational DUNS:	104645630	PLUS 4:	
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d. Address

Street 1: 101 Silver Dollar Way

Street 2:

City: Chico

County: Butte

State: California

Country: United States

Zip / Postal Code: 95928

e. Organizational Unit (optional)

Department Name: Torres Community Shelter

Division Name:

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

Prefix: Mr.

First Name: Bill

Middle Name:

Last Name: Slack

Suffix:

Title: Shelter Supervisor

Organizational Affiliation: Chico Community Shelter Partnership

Telephone Number: (530) 891-9048

Applicant: Chico Community Shelter Partnership

09082017

Project: Friends House

158724

Extension:

Fax Number: (530) 891-9084

Email: bill@torresshelter.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): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Friends House

16. Congressional District(s):

a. Applicant: CA-001, CA-004, CA-003

b. Project: CA-001, CA-004, CA-003
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2018

b. End Date: 12/31/2018

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: Joy

Middle Name:

Last Name: Amaro

Suffix:

Title: Executive Director

Telephone Number: (530) 891-9048
(Format: 123-456-7890)

Fax Number: (530) 891-9084
(Format: 123-456-7890)

Email: joy@torresshelter.org

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

Date Signed: 09/15/2017

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: Chico Community Shelter Partnership

Prefix: Ms.

First Name: Joy

Middle Name:

Last Name: Amaro

Suffix:

Title: Executive Director

Organizational Affiliation: Chico Community Shelter Partnership

Telephone Number: (530) 891-9048

Extension:

Email: joy@torresshelter.org

City: Chico

County: Butte

State: California

Country: United States

Zip/Postal Code: 95928

2. Employer ID Number (EIN): 68-0440819

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$34,210.00

(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: Joy Amaro, Executive Director

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

Date Signed: 09/08/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Chico Community Shelter Partnership

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: Joy

Middle Name

Last Name: Amaro

Suffix:

Title: Executive Director

Telephone Number: (530) 891-9048
(Format: 123-456-7890)

Fax Number: (530) 891-9084
(Format: 123-456-7890)

Email: joy@torresshelter.org

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

Date Signed: 09/15/2017

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: Chico Community Shelter Partnership

Name / Title of Authorized Official: Joy Amaro, Executive Director

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

Date Signed: 09/15/2017

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: Chico Community Shelter Partnership

Street 1: 101 Silver Dollar Way

Street 2:

City: Chico

County: Butte

State: California

Country: United States

Zip / Postal Code: 95928

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: Joy

Middle Name:

Last Name: Amaro

Suffix:

Title: Executive Director

Telephone Number: (530) 891-9048
(Format: 123-456-7890)



Fax Number: (530) 891-9084
(Format: 123-456-7890)

Email: joy@torresshelter.org

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

Date Signed: 09/15/2017

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:

Organization	Type	Sub-Award Amount
This list contains no items		

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The Chico Community Shelter Partnership (CCSP) was established in 1997, and has administered federal grants associated with providing shelter to individuals experiencing homelessness since 2002. Federal, state, and local grants administered by CCSP include Emergency Solutions Grant, Emergency Food and Shelter, FEMA, EHAP-CD and CDBG. These grants have primarily funded the Torres Shelter, the largest emergency shelter North of Sacramento, CA. CCSP has demonstrated satisfactory compliance with all these grants, passing all audits and showing no findings. In fact, each grant has been executed within the funding and time limitations specified in the grant.

In 2015/2016, CCSP served 821 people in the Torres Shelter, an average of 100 people a night, with a total of over 36,000 a nights stay. Further, the CCSP success rate is 4 to 5 times the national rate for placing clients in permanent housing, according to the National Alliance to End Homeless, and celebrates a successful permanent housing outcome on the average of every 24 hours. Our outcome statistics place us among the best at providing emergency shelter services in the country. CCSP believes that the staff and resource support that has successfully helping individuals and families transition to permanent housing from the shelter may be utilized in assist people maintain permanent housing so that fewer people return to homelessness and the shelter.

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

CCSP leverages local grants and community donations to obtain Emergency Solutions Grant funds since 2002; CCSP has leveraged funds for operations and capital development. The current annual budget includes over \$500,000 in grant funding and about \$438,000 in location donations. The collection of diverse funding allows solvency and agency stabilization.

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.

CCSP is a non-profit organization with a volunteer Board of Directors. Overall supervision and management is the responsibility of an Executive Director who oversees a staff of 22. Staff include a Shelter Supervisor overseeing Shelter Monitors, Operations Manager, and Training Manager; Service Coordinators; Development Coordinator; and Permanent Housing Manager.

Program management involves coordination with other housing and service organization on a daily basis. The staff assists guest in completing applications and acquiring mainstream services, including public assistance, SSI/SSDI, employment, education, legal services, mental health care, and physical health care. Several mainstream service providers, such as public health, child abuse prevention council, Chico State interns, 12-step program facilitators, offer direct services on site. In addition, CCSP has strong partnerships that specialize in domestic violence services, transitional housing for families, veteran service providers, and behavioral health. CCSP is also an active participant in HMIS and Coordinated Entry system in order to track services and needs, and prioritize housing for those in most need.

CCSP's board treasurer is a Certified Public Accountant; CCSP employs an accounting firm to manage accounts payable and accounts receivable, in coordination with the CCSP Operations Manager.

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: CA-519 - Chico, Paradise/Butte County CoC

1b. CoC Collaborative Applicant Name: Community Action Agency of Butte County, Inc

2. Project Name: Friends House

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.

Friends House is a large four-bedroom unit that will be used as shared housing for four single individuals. The residents will be selected from the CoC Coordinated Entry list to house those who are in greatest need and meet the CoC priority of housing those who are chronically homeless and severely mentally ill. This will endorse a system of response with the CoC. A preference will be given to those who are veterans. Individuals will be supported with their choice of housing options.

Tenants will have an opportunity to have an annual rental agreement to maintain and demonstrate tenant rights and responsibilities, as they secure permanent housing. CCSP Operations Manager will serve as a “landlord” to model tenant skills. The Operations Manager will oversee administrative property management such as budget, recordkeeping, compliance of government housing regulations, securing insurance, ensuring security, collecting rent, enforcing leases, and maintaining and repairing property.

Support services will be provided by a Site Monitor and Service Coordinator. A Site Monitor will live in a small house on the property, to be readily available for daily support and intervention. The Site Monitor will build the community of the house. Residents will be supported in developing a community management system in which there are agreed upon guidelines for the house and that each individual has an equal voice in the choices of their living environment.

In addition, each participant will have a case manager who will oversee a personalized case plan using a harm reduction approach. There will be no barriers to entry. Service Coordinators will collaborate with the community partners in order to provide appropriate opportunities to the residents, including employment, public assistance, social service and disability services, mental health service, drug and alcohol treatment, medical care, medication distribution, domestic violence recovery services, veteran services, Section 8 housing, legal services, etc.

Services that are provided at the Torres Shelter, which is the emergency shelter administered by CCSP, will be offered to Friends House residents as appropriate. This may include life skills classes, vocational skills development, meals, and support groups.

There will be on-going monitoring toward goals of physical and mental wellness, and increased income, although meeting those goals will not be a requirement for continued housing and case management support. Data will be used to record service provision and successes through HMIS.

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

The CCSP Executive Director currently oversees all service coordinators. The Shelter Supervisor who reports to the Executive Director is currently overseeing operations for the shelter and will oversee the operations for the Friends House. Weekly case management meetings are held with all Service Coordinators, Site Monitors, the Shelter Supervisor, and the Executive Director to coordinate services with each resident.

With the award of the Friends House grant, the program will be quickly implemented. The house is already secured so it will be a matter of passing inspections, completing necessary repairs, purchasing supplies and furniture and formalizing policies and procedures in the first month. It will be the CCSP intention to quickly begin housing individuals for Coordinated Entry starting in month two of operations.

- Month 1 – Complete inspections; secure housing and operations; finalize policies and procedures; purchase necessary furniture and supplies;
- Month 2 – Begin intake from the Coordinated Entry system; case management and service coordination; HMIS data entry; establish community management system
- Month 3 through Month 12 – Continued case and site management; HMIS data entry
- Month 12 – Report HMIS data through APR

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

5. Housing First

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

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

Having too little or little income	<input type="checkbox"/>
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	<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.

The property is currently rented under an agreement by CCSP, who has been overseeing its operations since 2015. It is currently acting as a transitional house and will be converted to permanent supportive housing with the CoC funded contract. The house will undergo minor upgrades,, improvements, and repair in the first month of transition. From there CCSP will be responsible for all on-going operation and maintenance of the house and yard.

7. Will the PH project provide PSH or RRH? PSH

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

Explain how and why the project will implement this requirement.

Friends House is permanent supportive housing in a master lease model. Participants from the Coordinated Entry system will be given an option of participating in the program under the model, or respected the choice of the

individual who may feel more conformable in a single apartment.

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

Dedicated and DedicatedPLUS

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

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

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

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. 100% Dedicated

3C. Project Expansion Information

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

4A. Supportive Services for Participants

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.

Friends House will be set up in a model in which residents are encouraging to learn tenancy and life skills so that they can safely and amicably reside in the house. The "lease" will be managed by the CCSP operations, leaving the responsibilities the tenant has for a landlord separate from the successes of daily personal challenges and goals. This will offer skills to remain in Friends House or to utilize if other permanent housing options are chosen in the future.

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

Residents of Friends House will have employment and increased income as part of their case plan. Service Coordinators will support the individuals to meet their income and employment goals, providing assistance in completing applications and/or being transported to Butte County Department of Employment and Social Services (DESS). Service provider will support the DESS case plan in regarding to attending meeting, participating in vocational training, completing job applications, preparing for interviews, etc.

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
Child Care
Education Services
Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Applicant	As needed
Applicant	Bi-weekly
Non-Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Applicant	As needed
Partner	As needed
Applicant	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Applicant	As needed
Non-Partner	As needed

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

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



5b. 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: 1

Total Beds: 4

Total Dedicated CH Beds: 4

Housing Type	Units	Beds
Shared housing	1	4

4B. Housing Type and Location Detail

1. Housing Type: Shared housing

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

a. Units: 1

b. Beds: 4

**3. How many beds of the total beds in “2b. 4
Beds” are dedicated to the chronically
homeless?**

This includes both the “dedicated” and “prioritized” beds.

4. Address:

Street 1: 1926 Salem St

Street 2:

City: Chico

State: California

ZIP Code: 95928

***5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

060684 Chico

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		4		4
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		4		4
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	4	0	4

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					4				
Adults ages 18-24										
Total Persons	4	0	0	0	0	4	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.

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
	Directly from safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

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

Selection of program participants will be taken from the Coordinated Entry list to ensure that those who are in greatest of need are housed first. The CCSP emergency shelter feeds the Coordinated Entry list.

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:**

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

6F. Supportive Services Budget

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	Service Coordinator staff time .64 FTE	\$19,100
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation	Bus Vouchers	\$2,000
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$21,100
Grant Term		1 Year
Total Request for Grant Term		\$21,100

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Building maintenance	\$2,000
2. Property Taxes and Insurance	insurance	\$1,000
3. Replacement Reserve	Major repair fund	\$1,000
4. Building Security		
5. Electricity, Gas, and Water	utilities	\$6,000
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$10,000
Grant Term		1 Year
Total Request for Grant Term		\$10,000

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$8,553
Total Value of All Commitments:	\$8,553

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	CCSP	09/08/2017	\$8,553

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: CCSP
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/08/2017

6. Value of Written Commitment: \$8,553

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

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$21,100	1 Year	\$21,100
5. Operating	\$10,000	1 Year	\$10,000
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$31,100
8. Admin (Up to 10%)			\$3,110
9. Total Assistance Plus Admin Requested			\$34,210
10. Cash Match			\$0
11. In-Kind Match			\$8,553
12. Total Match			\$8,553
13. Total Budget			\$42,763

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

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

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 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: Joy Amaro

Date: 09/15/2017

Title: Executive Director

Applicant Organization: Chico Community Shelter Partnership

PHA Number (For PHA Applicants Only):

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

X

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



8B. Submission Summary

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

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/08/2017
1E. SF-424 Compliance	09/08/2017
1F. SF-424 Declaration	09/08/2017
1G. HUD 2880	09/15/2017
1H. HUD 50070	09/08/2017
1I. Cert. Lobbying	09/08/2017
1J. SF-LLL	09/15/2017
2A. Subrecipients	No Input Required
2B. Experience	09/14/2017
3A. Project Detail	09/08/2017
3B. Description	09/15/2017
3C. Expansion	09/08/2017
4A. Services	09/14/2017
4B. Housing Type	09/14/2017
5A. Households	09/08/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2017
6A. Funding Request	09/08/2017
6F. Supp Srvcs Budget	09/15/2017
6G. Operating	09/14/2017
6I. Match	09/14/2017
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	09/08/2017

Applicant: Chico Community Shelter Partnership

09082017

Project: Friends House

158724

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