

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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2017 CoC Program grant competition.
- 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2017 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- 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 the instructions found on each individual screen
- 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 or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2017 CoC Program NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/08/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Action Agency of Butte County

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1640546

	c. Organizational DUNS:	147541270	PLUS 4	
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d. Address

Street 1: 181 E. Shasta

Street 2:

City: Chico

County: Butte

State: California

Country: United States

Zip / Postal Code: 95928

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: Sherisse

Middle Name:

Last Name: Allen

Suffix:

Title: CoC Coordinator

Organizational Affiliation: Community Action Agency of Butte County

Telephone Number: (530) 892-2323

Extension:

Fax Number: (530) 895-1848

Email: sallen@housing-tools.com

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-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: 2017 CoC Planning Project

16. Congressional District(s):

a. Applicant: CA-001

b. Project: CA-041, CA-042, CA-043, CA-044, CA-045, CA-046, CA-047, CA-048, CA-033, CA-035, CA-036, CA-037, CA-038, CA-039, CA-040, CA-027, CA-026, CA-029, CA-028, CA-031, CA-030, CA-034, CA-032, CA-019, CA-018, CA-021, CA-020, CA-023, CA-022, CA-025, CA-024, CA-012, CA-013, CA-010, CA-011, CA-016, CA-017, CA-014, CA-015, CA-004, CA-005, CA-002, CA-003, CA-008, CA-009, CA-006, CA-007, AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, CA-001, AZ-008, AZ-006, AR-001, AL-007, AL-006, AL-005, AZ-001, AS-000, AR-003, AR-002, AL-001, AL-002, AL-003, AL-004, AK-000, MO-001, MN-008, MN-007, MN-006, MN-005, MN-004, MN-003, MN-002, MN-001, MI-014, MI-013, MI-012, MI-011, MI-010, MI-009, MI-008, NC-002, NC-003, MT-000, NC-001, MS-003, MS-004, MS-001, MS-002, MO-008, MO-006, MO-007, MO-004, MO-005, MO-002, MO-003, NE-002, NE-001, NH-001, NE-003, NC-013, NC-012, ND-000, NC-009, NC-008, NC-011, NC-010, NC-005, NC-004, NC-007, NC-006, NJ-012, NM-001, NM-002, NJ-008, NJ-009, NJ-010, NJ-011, NJ-004, NJ-005, NJ-006, NJ-007, NH-002, NJ-001, NJ-002, NJ-003, NY-008, NY-007, NY-006, NY-005, NY-012, NY-011, IL-013, NY-010, IL-012, NY-009, IL-011, NV-003, IL-010, NV-002, IL-009, NV-001, IL-008, NM-003, IL-007, NY-004, IL-006, NY-003, IL-005, NY-002, IL-004, NY-001, NY-023, NY-024, NY-021, NY-022, NY-027, NY-025, NY-026, NY-015, NY-016, NY-013, NY-014, NY-019, NY-020, NY-017, NY-018, GA-007, OH-009, GA-006, OH-008, GA-009, OH-011, GA-008, OH-010, GA-003, OH-013, GA-002, OH-012, GA-005, OH-015, GA-004, OH-014, OH-001, GA-001, OH-003, OH-002, OH-005, OH-004, OH-007, OH-006, ID-002, OR-001, IL-001, OR-002, IL-002,

OR-003, IL-003, OR-004, IA-003, OR-005, IA-004, PA-001, PA-002, ID-001, PA-003, GU-000, OH-016, HI-001, IA-001, IA-002, OK-001, GA-010, OK-002, GA-011, OK-003, GA-012, OK-004, GA-013, OK-005, PA-010, PA-011, PA-008, PA-009, PA-006, PA-007, PA-004, PA-005, PA-018, PA-016, PA-017, PA-014, PA-015, PA-012, PA-013, SC-005, SC-004, SC-003, SC-002, SC-001, RI-002, RI-001, PR-000, TN-006, TN-005, TN-004, TN-003, TN-002, TN-001, SD-000, SC-006, TX-002, TX-003, TX-004, TX-005, TN-007, TN-008, TN-009, TX-001, TX-010, TX-011, TX-012, TX-013, TX-006, TX-007, TX-008, TX-009, TX-019, TX-018, TX-021, TX-020, TX-015, TX-014, TX-017, TX-016, TX-027, TX-026, TX-029, TX-028, TX-023, TX-022, TX-025, TX-024, TX-032, FL-020, UT-001, FL-021, TX-030, FL-018, TX-031, FL-019, VA-001, FL-016, VA-002, FL-017, UT-002, FL-014, UT-003, FL-015, VA-005, VA-006, VA-003, VA-004, VA-009, FL-024, VA-010, FL-025, VA-007, FL-022, VA-008, FL-023, WA-001, VT-000, VI-000, VA-011, WA-005, WA-004, WA-003, WA-002, WA-009, WA-008, WA-007, WA-006, WI-004, WI-003, WI-002, WI-001, WI-005, CA-053, WI-006, CO-001, WI-007, CO-002, WI-008, CO-003, WV-001, CA-049, WV-002, CA-050, WV-003, CA-051, WY-000, CA-052, HI-002, CT-001, CT-002, CT-003, CT-004, CO-004, CO-005, CO-006, CO-007, FL-003, FL-002, FL-005, FL-004, DC-000, CT-005, FL-001, DE-000, FL-011, FL-010, FL-013, FL-012, FL-007, FL-006, FL-009, AR-004, FL-008, GA-014, SC-007, AZ-009, ME-001, MD-008, MD-007, MD-006, MD-005, MD-004, MD-003, MD-002, MI-007, MI-006, MI-005, MI-004, MI-003, MI-002, MI-001, ME-002, MA-002, MA-003, MA-001, LA-005, LA-006, LA-003, LA-004, MD-001, MA-008, MA-009, MA-006, MA-007, MA-004, MA-005, KS-002, KS-001, KS-004, KS-003, IN-007, IN-006, IN-009, IN-008, KY-006, KY-005, LA-002, LA-001, KY-002, KY-001, KY-004, KY-003, IL-014, IL-015, IL-016, IN-002, IN-003, IN-004, IN-005, IL-017, IL-018, IN-001, FL-027, NV-004, FL-026, UT-004, WA-010, TX-035, TX-036, TX-033, TX-034

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: Mr.

First Name: Thomas

Middle Name:

Last Name: Tenorio

Suffix:

Title: Chief Executive Officer

Telephone Number: (530) 712-2880
(Format: 123-456-7890)

Fax Number: (530) 895-1848
(Format: 123-456-7890)

Email: ttenorio@buttecaa.com

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

Date Signed: 09/08/2017

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: Community Action Agency of Butte County

Prefix: Mr.

First Name: Thomas

Middle Name:

Last Name: Tenorio

Suffix:

Title: Chief Executive Officer

Organizational Affiliation: Community Action Agency of Butte County

Telephone Number: (530) 712-2880

Extension:

Email: ttenorio@buttecaa.com

City: Chico

County: Butte

State: California

Country: United States

Zip/Postal Code: 95928

2. Employer ID Number (EIN): 94-1640546

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$17,105

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: 2017 CoC Planning Project 181 E. Shasta Chico California

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: Thomas Tenorio, Chief Executive Officer

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

Date Signed: 07/18/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Action Agency of Butte County

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 Federal agency 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;	

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 the accompaniment herewith, is true and

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Thomas

Middle Name

Last Name: Tenorio

Suffix:

Title: Chief Executive Officer

Telephone Number: (530) 712-2880
(Format: 123-456-7890)

Fax Number: (530) 895-1848
(Format: 123-456-7890)

Email: ttenorio@buttecaa.com

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

Date Signed: 09/08/2017

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: Community Action Agency of Butte County

Name / Title of Authorized Official: Thomas Tenorio, Chief Executive Officer

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

Date Signed: 09/08/2017

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: Community Action Agency of Butte County

Street 1: 181 E. Shasta

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: Mr.

First Name: Thomas

Middle Name:

Last Name: Tenorio

Suffix:

Title: Chief Executive Officer

Telephone Number: (530) 712-2880
(Format: 123-456-7890)

Fax Number: (530) 895-1848
(Format: 123-456-7890)

Email: ttenorio@buttecaa.com

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

Date Signed: 09/08/2017

2A. Project Detail

1a. CoC Number and Name: CA-519 - Chico, Paradise/Butte County CoC

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

2. Project Name: 2017 CoC Planning Project

3. Component Type: CoC Planning Project Application

2B. Project Description

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

The Scope of Work establishes a subcommittee for each subpopulation area with relevant and adequate representation; facilitates each subcommittee as the criteria is reviewed; forms a collaborative plan of action, informs the CoC of progress and challenges in meeting goals; and establishes a structure of the subcommittee that can be sustained long-term, or as needed.

1. Announce the vision and purpose of the four subpopulation subcommittees (Veteran, Chronically Homeless, Youth, and Households with Children) to the full CoC membership. Invite all members to participate in the subcommittee(s) that meets their expertise and need.
2. Facilitate each initial subcommittee meeting, which will entail setting the logistic parameters (meetings frequency, time and location; organization of meetings and committee; and research and distribution of relative materials, etc.) and the subcommittee purposes and goals. All areas in the Consolidated Application in which points were not earned will be reviewed. These items will be organized by chunking and a preliminary prioritization.
3. The second subcommittee meeting will finalize the prioritization of the tasks and formulating an Action Plan with responsible parties, specified steps, and a timeline.
4. The Action Plan for each subcommittee will be presented to the CoC Council for review and approval.
5. Subsequent meetings will be either a collaborative working group to accomplish the tasks or a “report back” format, as determined by the subcommittee and needs of the Action Plan. Additional members may be added as beneficial to the subcommittee.
6. The final meeting will review the HUD requirements from the HUD Annual Performance Report again to determine that the subcommittee has met all benchmarks.
7. A report will be provided by each subcommittee to the CoC Council and CoC membership.

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

Schedule

Month 1: Establish scope of work with CoC Coordinator or contractor

Month 2: Announce subcommittees and schedule initial meeting

Month 3: Hold the initial orientation and planning meeting

Month 4: Hold the second planning and coordination meeting; present action plan to CoC Council

Months 5-11: Hold meetings and organize action plan deliverables as developed by each subcommittee

Month 9: If not already done so, identify a subcommittee chair that can sustain the subcommittee and on-going actions at the sunset of the grant

Month 11: Review benchmarks and prepare report for the CoC Council
Month 12: Present reports from each subcommittee to the CoC Council, with recommendations for future sustained actions to be supported by the CoC

Management Plan

Once the CoC Consolidated Applicant receives funding, the Planning Project - with its scope of work - will be assigned to either the CoC Coordinator, or a local contractor, as manager of the grant. Either entity will have the experience to coordinate subcommittees, facilitate meetings, monitor action plans, and meet deadlines. This person will also have a background in the field of homelessness and be well versed in HUD regulations, the Interim Rule, Opening Doors: Federal Strategic Plan to End Homelessness, and the FY2017 NOFA and Consolidated Application.

The manager will work independently to initiate local service providers and community members in developing and implementing a plan toward ending homelessness for specific subpopulations. All CoC reports and grant management reports will be the sole responsibility of the manager.

Timely Completion

Goals for each subcommittee will be developed with a year completion in mind. Even long-term goals will set benchmarks for completing specific goals within the year timeframe.

3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects?

Although the focus of the Planning Project Grant is on the strategic planning process, there will be an increased CoC capacity to evaluate CoC and ESG programs, as the subcommittees support partners in putting vital measures and tracking systems in place:

- Develop uniform record keeping requirements for all recipients of CoC and ESG funded projects providing Permanent Supportive Housing, to document the status of chronically homeless participants.
- Review new Coordinated Entry policy and practice documents to ensure prioritization of chronically homeless, households with children, and youth are represented, and monitor that CoC and ESG funded projects are utilizing this prioritization when housing participants.
- Develop and monitor a system to track if youth participants and parents are informed of educational rights and opportunities when participating in a CoC or ESG program.
- Develop and monitor a tracking system that shows that all veterans that are participants in a CoC- or ESG-funded program are referred to veteran services.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

Financial assistance through the Project Planning Grant will be used to establish an efficient and effective community system that focuses services on specific subpopulations. An action plan will be executed which accesses local expertise which diversifies effort and leverages resources across organizations and individuals. Further, an infrastructure of assigning leadership to oversee

each subcommittee will guarantee that this grant is an investment that will continue to show dividends after the end of the grant.

3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

a. Written agendas of CoC meetings? Yes

b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

c. Process for monitoring outcomes of ESG recipients? No

d. CoC policies and procedures? Yes

e. Written process for board selection? Yes

f. Code of Conduct for board members that includes a recusal process? Yes

g. Written standards for administering assistance? No

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Committee Name	Role of the Committee (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
HIMS Committee	Oversee the development and implementation of HMIS	Monthly	HMIS Lead, CoC- and ESG- funded projects, RYH programs
Coordinated Entry	Oversee the development and implementation of a Coordinated Entry	Monthly	HMIS Lead, CoC- and ESG- funded projects, RYH, programs, soup kitchens, 2-1-1
Rapid Rehousing Committee	Coordinate procedures and process for all RRH projects	Bi-Monthly	Community Action Agency, Torres Shelter, Catalyst, Youth For Change, Employment/Social Services
Point In Time Steering Committee	Coordinate the PIT count study	Monthly	Public Health, Behavioral Health, shelters, LEA, Drop in centers, Youth For change, 2-1-1, Community Action Agency
Application Subcommittee	Planning for the Consolidated Application	Annually	CoC officers and council members

4A. 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:	\$4,276
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$4,276

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Housing Authority...	09/05/2017	\$4,276

Sources of Match Details

- 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:** Housing Authority of the County of Butte
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/05/2017
- 6. Value of Written Commitment:** \$4,276

4B. Funding Request

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

2. Does this project propose to allocate funds according to an indirect cost rate? No

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	Engage and assemble a subcommittee and complete all HUD related reports	\$3,000
2. Project Evaluation		
3. Project Monitoring Activities		
4. Participation in the Consolidated Plan		
5. CoC Application Activities		
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System		
8. HUD Compliance Activities	Determine areas of non-compliance with Performance and Strategic Planning section of the Consolidated application; research requirements and best practice research for items; facilitate meeting to develop an action plan for four homeless subpopulation committees; activate plan and complete CoC report	\$14,105
Total Costs Requested		\$17,105
Cash Match		\$4,276
In-Kind Match		\$0
Total Match		\$4,276
Total Budget		\$21,381

Click the 'Save' button to automatically calculate the Total Assistance

5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	Match MOU	09/06/2017
2. Other Attachment(s)	No		

Attachment Details

Document Description: Match MOU

Attachment Details

Document Description:

5B. 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.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 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.

C. For Rental Assistance Only.

Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Name of Authorized Certifying Official: Thomas Tenorio

Date: 09/08/2017

Title: Chief Executive Officer

Applicant Organization: Community Action Agency of Butte County

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

X

**criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/30/2017
1E. SF-424 Compliance	08/30/2017
1F. SF-424 Declaration	08/30/2017
1G. HUD 2880	09/08/2017
1H. HUD 50070	08/30/2017
1I. Cert. Lobbying	08/30/2017
1J. SF-LLL	08/30/2017
2A. Project Detail	08/30/2017

2B. Description	08/30/2017
3A. Governance and Operations	08/30/2017
3B. Committees	08/30/2017
4A. Match	08/30/2017
4B. Funding Request	08/30/2017
5A. Attachment(s)	09/06/2017
5B. Certification	08/30/2017

FY 2017 CoC Planning Grant

MEMORANDUM OF UNDERSTANDING

between

Butte Countywide Continuum of Care

**CoC Collaborative Applicant, Community Action Agency of Butte County
and**

Housing Authority of the County of Butte

I. PURPOSE AND BACKGROUND

The FY 2017 Continuum of Care NOFA is allowing an application for a CoC Planning Project which complies with 24 CFR part 578.39 and coordinates the implementation of a housing and service system. The grant allowance is 3% of the FPRN, or \$17,105 for the Butte Countywide Homeless Continuum of Care (CoC). The requested funds should augment already available funds with a match of no less than 25% of the total grant request, or \$4,276, and should be sustainable after one year of funding.

The CoC is applying for these Planning Grant dollars to focus on meeting the HUD performance and strategic planning criteria outlined in the NOFA VII.A.6. These requirements have been detailed in a local CoC Action Plan, which specifies HUD requirements with corresponding actions. The outcome will be the development and coordination of four engaged subcommittees who focus expertise, efforts, and resources on ending homelessness for four subpopulations: Veterans, Chronically Homeless, Youth, Households with Children.

Further, reporting of the outcomes from this and other sections of the NOFA will be complete in the annual Collaborative Application.

II. DURATION

The duration of the grant will be one year, at a start date yet to be determined (estimated at the beginning of 2018).

III. SPECIFIC RESPONSIBILITIES OF THE PARTIES

The CoC Collaborative Applicant will apply for, and make available, the grant allowance for the purpose of completing the scope of work specified in the FY 2017 Planning Grant submitted to HUD on September 22, 2017.

The cash match of \$4,276 will be provided by the Housing Authority of the County of Butte (HACB) at the time the grant contract is signed by the Collaborative Applicant.


An assignment/contract for an individual/organization for the purpose of administering the contract, managing the scope of work, and reporting outcomes will be mutually agreed upon by the Collaborative Applicant and HACB.

IV. AMENDMENT/NOTICES/ TERMINATION

This Memorandum of Understanding (MOU) may be amended upon mutual agreement of both the Collaborative Applicant and HACB. Either party may terminate this MOU at a date prior to one year of the contract by giving 60 days written notice to the other parties. If the funds relied upon to undertake activities described in this MOU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MOU within 30 days by providing written notice to the other party. The termination shall be effective on the date specified in the notice of termination.

The following parties accept the terms and conditions of this MOU, dated as of September 5, 2017.

Agreed:
CoC Collaborative Applicant
Community Action Agency of Butte County



Thomas Tenorio, Chief Executive Officer
Community Action Agency of Butte County

Agreed:
Housing Authority of the County of Butte



Edward Mayer, Executive Director
Housing Authority of the County of Butte