

## 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 via 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 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:** 09/15/2019

**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:** Valley Community Services Board

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 54-1049477

	<b>c. Organizational DUNS:</b>	157693433	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 85 Sangers Lane

**Street 2:**

**City:** Staunton

**County:** Augusta

**State:** Virginia

**Country:** United States

**Zip / Postal Code:** 24401

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Mrs.

**First Name:** Lydia

**Middle Name:**

**Last Name:** Campbell

**Suffix:**

**Title:** MHCM Supervisor

**Organizational Affiliation:** Valley Community Services Board

**Telephone Number:** (540) 887-3200

**Extension:** 7602  
**Fax Number:** (540) 887-3294  
**Email:** [lcampbell@vcsb.org](mailto:lcampbell@vcsb.org)

## 1C. SF-424 Application Details

**9. Type of Applicant:** D. Special District Government

**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-6300-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):** Virginia  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** PH-PSH

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

**a. Applicant:** VA-006

**b. Project:** VA-006  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 07/01/2020

**b. End Date:** 06/30/2021

**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:** David

**Middle Name:**

**Last Name:** Deering

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (540) 887-3200  
(Format: 123-456-7890)

**Fax Number:** (540) 887-3294  
(Format: 123-456-7890)

**Email:** ddeering@vcsb.org

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

**Date Signed:** 09/15/2019

## 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

### Applicant/Recipient Information

#### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Valley Community Services Board

**Prefix:** Mr.

**First Name:** David

**Middle Name:**

**Last Name:** Deering

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Valley Community Services Board

**Telephone Number:** (540) 887-3200

**Extension:**

**Email:** ddeering@vcsb.org

**City:** Staunton

**County:** Augusta

**State:** Virginia

**Country:** United States

**Zip/Postal Code:** 24401

**2. Employer ID Number (EIN):** 54-1049477

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

**4. Amount of HUD Assistance Requested/Received:** \$96,371.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, City and State) of the project or activity.**

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity?** Yes  
(For further information, see 24 CFR Sec. 4.3).

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** Yes

**Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
85 Sangers Lane	SAMHSA/ HHS	\$127,853.00	mental health block grant
85 Sangers Lane	SAMHSA/ HHS	\$566,437.00	block grant for SUD treatment

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

**Part III Interested Parties**

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

**Note: If there are no other people included, write NA in the boxes.**

### Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**I AGREE:** ☒

**Name / Title of Authorized Official:** David Deering, Executive Director

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

**Date Signed:** 09/15/2019

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Valley Community Services Board

**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;	

### 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 certify that the information provided on this form and in any accompanying**

X

**documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**

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:** David

**Middle Name**

**Last Name:** Deering

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (540) 887-3200  
**(Format: 123-456-7890)**

**Fax Number:** (540) 887-3294  
**(Format: 123-456-7890)**

**Email:** ddeering@vcsb.org

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

**Date Signed:** 09/15/2019

## **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:** Valley Community Services Board

**Name / Title of Authorized Official:** David Deering, Executive Director

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

**Date Signed:** 09/15/2019

## 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:** Valley Community Services Board

**Street 1:** 85 Sangers Lane

**Street 2:**

**City:** Staunton

**County:** Augusta

**State:** Virginia

**Country:** United States

**Zip / Postal Code:** 24401

**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:** David  
**Middle Name:**  
**Last Name:** Deering  
**Suffix:**  
**Title:** Executive Director  
**Telephone Number:** (540) 887-3200  
**(Format: 123-456-7890)**  
**Fax Number:** (540) 887-3294  
**(Format: 123-456-7890)**  
**Email:** ddeering@vcsb.org  
**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 09/15/2019

## 2A. Project Subrecipients

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

**Total Expected Sub-Awards: \$0**

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

Valley Community Services Board is a political subdivision (IRC Section 115), providing mental health, substance use, developmental, and prevention services for individuals and families in the cities of Staunton and Waynesboro and the counties of Augusta and Highland. VCSB has received and successfully utilized \$127,853 Mental Health Block Grant funds and \$566,437 in Substance Use Treatment Block Grant funds since 2013. The Substance Use Treatment Block Grant funds alcohol/ drug treatment, substance use disorder residential treatment, treatment for co-occurring disorders, treatment for women with substance use disorder (SUD), and funds for SUD prevention activities for families.

VCSB was awarded state permanent supportive housing for individuals with serious mental illness funding in November 2018 and we began fully operating the program in January 2019. The total amount of funding was slated to serve approximately 30 households eligible for PSH, with target populations of individuals waiting to be discharged from state hospitals and individuals meeting the criteria for chronic homelessness identified. As of August 15, 2019, we have assisted 26 households obtain permanent housing and 23 remain stably housed. The activities proposed in this application are things that VCSB is currently performing daily. We have established the needed processes and infrastructure to be able to connect the most vulnerable with the right housing options at the right time and plan for this grant to complement our current program.

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

Valley CSB administers state rapid rehousing assistance, homelessness prevention assistance, and emergency shelter funds in the form of motel vouchers for Valley Homeless Connection, our local planning group, as a grant recipient of the Virginia Department of Housing and Community Development (DHCD). We receive PATH funds from SAMHSA via the state of Virginia and employ a PATH outreach worker who is skilled at locating and engaging unsheltered individuals in our rural community. A partnership between the Valley Mission, our area largest homeless shelter, and VCSB has resulted in a small part of the PATH program's required match being made by private local dollars. We received state permanent supportive housing funding in November 2018 and now operate the largest PSH program in our local planning group. Because Valley CSB is a political subdivision (IRC Section 115), we receive funds from each of the localities in our catchment area of the cities of Staunton and Waynesboro, and the counties of Augusta and Highland to provide services

to the citizens of those localities. Most services we offer are reimbursable by Medicaid and we are well experienced in submitting and receiving such reimbursement.

**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.**

Valley Community Services Board (VCSB) is a community behavioral health organization which serves as the single point of entry into the publicly funded services for mental health, developmental disabilities, and substance use disorders for the residents of Augusta County, Highland County, the City of Staunton, and the City of Waynesboro. VCSB is an IRC Section 115 Political Subdivision created by resolution of the four local governments for the residents it serves. VCSB receives 30% of its \$24.5 million funding with which to serve self-funded /indigent area residents via a Performance Contract with the Virginia Department of Behavioral Health & Developmental Services along with legislatively mandated matching funds from the governments of the four localities served by VCSB. VCSB receives another 60% of its funding for services provided to area Medicaid beneficiaries with the remaining 10% from services provided to individuals funded by Medicare, commercial insurance, and Federal block grants. VCSB is governed by a 16 member Board of Directors appointed by the governing bodies of the four localities served by VCSB. VCSB employs 272 full time equivalent employees who are organized into seven departments 236 FTE's work in three clinical departments providing direct client services (Dept of Behavioral Health, Dept of Developmental Services, Dept of Medical Services) and the remaining 36 FTE's work in four administrative/support departments (Administrative Services, Financial Management, Human Resources, Quality Management). The organization is led by an Executive Director and a seven person Executive Leadership Team to which a thirty four person Leadership Team of middle managers report. The Leadership Team then direct the day to day operations of VCSB's first line staff. The VCSB accounting system is maintained in a Microsoft Dynamics Great Plains computerized information system and supported by a variety of programs for budgeting, reporting and analysis. The agency is annually audited by independent auditors. Various Virginia State auditors from the Department of Behavioral Health and Developmental Services as well as the Virginia Department of Medical Assistance audit both financial information and clinical performance throughout the year. The VCSB Board of Directors annually approves the agency budget and monitors the yearly financial status through routine monthly Finance Committee meetings. The Finance Committee reports to the VCSB Board of Directors.

**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:** VA-521 - Virginia Balance of State CoC

**1b. CoC Collaborative Applicant Name:** Commonwealth of Virginia-Virginia Department of Housing and Community Development

**2. Project Name:** PH-PSH

**3. Project Status:** Standard

**4. Component Type:** PH

**4a. Will the PH project provide PSH or RRH?** PSH

**5. Does this project use one or more properties that have been conveyed through the Title V process?** No

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).** No

**7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?**

X

## 3B. Project Description

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

Valley CSB's(VCSB) PH-PSH program will serve approximately 10 individuals & families meeting criteria for chronically homeless & be modeled after SAMHSA's Evidence Based Practices. Participants will enter a lease agreement that is compliant with the Virginia Residential Landlord Tenant Act with respective landlords in their own names. VCSB will provide rental subsidy based upon 30% of participant monthly adjusted income directly to the landlord. VCSB will ensure that lease agreements do not include provisions for PSH participants that are not included in standard lease agreements by reviewing each partner landlord's lease agreement. VCSB will offer supportive services to participants but will educate landlords that participating in supportive services is not required for rental assistance and that choosing not to participate in supportive services may not cause a participant's eviction or loss of rental subsidy. A variety of housing options will be made available to participants through partnerships with various landlords & property management companies so that participants truly have choice of location & property type, defined only by fair market rent & passing housing quality standards inspections. Participants will submit their income to the housing specialist to receive a calculation of the tenant portion of rent. The tenant's portion of rent will be 30% of the participant's monthly adjusted income. Participants will be offered mental health case management services to be provided by VCSB Case Managers who will then link participants to other services in the community based on need and preference. The Housing Specialist will continue to offer referrals to supportive services should participants elect not to receive case management services at lease up. Supportive services provided by case managers or other supportive service providers are different and separate than housing services provided by the Housing Specialist, however are explicitly coordinated. The Housing Specialist shall be responsible for completing interim and annual recertifications of income, rental subsidy & tenant portion calculations, coordination with landlords,& coordination of payment of rental subsidy to landlords. Supportive services will be provided by case management staff or other supportive service providers who will identify individual needs & preferences & link individuals to resources & services in the community, as well as assist in problem solving issues that may threaten the stability of the participant's permanent housing. Case managers will ensure individuals are receiving their benefits and entitlements for which they are eligible by maintaining open communication with Social Security and Dept of Social Services. Payment for supportive services will come through reimbursements from health insurance providers or fees based on the individual's income. 100% will maintain permanent housing for 6 months. 75% will maintain permanent housing for 12 months.

### 2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or

**structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	60			
Participants begin to occupy leased units or structure(s), and supportive services begin?	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	180			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

**3. Will your project participate in a CoC Coordinated Entry Process?** Yes

**\* 4. Please identify the project's specific population focus.**  
**(Select ALL that apply)**

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input 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 checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**d. Will the project follow a "Housing First" approach?** Yes  
(Click 'Save' to update)

**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**

N/A

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

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

**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.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

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

## 3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type? No

## 4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.**

X

### **2. Describe how participants will be assisted to obtain and remain in permanent housing.**

VCSB currently works with seven private market landlords who are willing to operate under Housing First principles. The Housing Specialist will assist PH-PSH participants with locating rental units that meets their needs and preferences. The Housing Specialist will assist participants with completing applications and accompany participants on tours of potential properties to provide adequate support during the housing search. When a unit has been identified, the housing specialist will review the lease to ensure there are no clauses or sections that would not be found in a lease of a person without disabilities. The housing specialist will also perform a Housing Quality Standards (HQS) inspection to ensure the habitability of the unit. VCSB's housing specialist will serve as a liaison between participants/ tenants and landlords, problem-solving with each entity. Participants will be linked with voluntary supportive services based on their individual needs.

### **3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?**

The supportive services providers proposed for this project, VCSB case managers, have multitudes of experience with ensuring individuals: apply for, receive, and maintain Medicaid benefits; apply for, receive, and maintain social security entitlements; access primary and specialized medical care; apply for, receive, and maintain SNAP benefits; access local workforce development services; access public transportation or transportation benefits within their health insurance coverage. Case managers accompany participants to various

appointments with respective agencies (often physically providing transportation) and support them during the application process as well as monitor the continued receipt of services and benefits, assisting participants with completing renewal paperwork. Case managers also monitor the quality of services provided and advocate heavily for their participants. Case managers are problem solvers and link participants to services that meet whatever need is presented.

Case managers are also expected to provide tenancy supports regardless of whether individuals live in PSH, public housing, with a Housing Choice Voucher, or in a private market rental unit. They are adept at communicating with and advocating for their participants with landlords as well as educating participants on how to successfully comply with the terms of their leases. For this PH-PSH program, an identified case manager with a specialized caseload of participants in this program will provide supportive services. This specialized case manager will be knowledgeable and skilled in providing creative supports to participants who have very recently experienced chronic homelessness, including ensuring individuals understand how to pay their rent, linking them to budgeting resources if needed, and providing regular contacts in the home to monitor home maintenance and problem solve with the participant as any issues arise.

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

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



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

**5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

**6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** Yes

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** No

## 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:** 10

**Total Beds:** 10

**Total Dedicated CH Beds:** 10

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	10	10

## **4B. Housing Type and Location Detail**

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

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

**a. Units:** 10

**b. Beds:** 10

**3. How many beds of the total beds in “2b. 10  
Beds” are dedicated to the chronically  
homeless?**

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

### **4. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 85 Sangers Lane

**Street 2:**

**City:** Staunton

**State:** Virginia

**ZIP Code:** 24401

**\*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)**

519015 Augusta County, 511632 Waynesboro  
City, 519790 Staunton city

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	10	0	10
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	8		8
Persons ages 18-24	0	2		2
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	10	0	10

**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										
Persons 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	8	0	0	0	0	8	0	0	0	0
Persons ages 18-24	2	0	0	0	0	2	0	0	0	0
Total Persons	10	0	0	0	0	10	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

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2021?** Yes

**2. What type of CoC funding is this project applying for in the 2019 CoC Competition?** CoC 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 checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

**6. If awarded, will this project require an initial grant term greater than 12 months?** No

## 6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:			\$79,200
Total Units:			10
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	VA - Staunton-Waynesboro, VA MSA (510...	10	\$79,200

## Rental Assistance Budget Detail

### Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

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

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

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** VA - Staunton-Waynesboro, VA MSA (5101599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$492	x	12		=	\$0
0 Bedroom		x	\$656	x	12		=	\$0
1 Bedroom	10	x	\$660	x	12		=	\$79,200

2 Bedrooms		x	\$860	x	12	=	\$0
3 Bedrooms		x	\$1,169	x	12	=	\$0
4 Bedrooms		x	\$1,171	x	12	=	\$0
5 Bedrooms		x	\$1,347	x	12	=	\$0
6 Bedrooms		x	\$1,522	x	12	=	\$0
7 Bedrooms		x	\$1,698	x	12	=	\$0
8 Bedrooms		x	\$1,874	x	12	=	\$0
9 Bedrooms		x	\$2,049	x	12	=	\$0
Total Units and Annual Assistance Requested	10						\$79,200
Grant Term							1 Year
Total Request for Grant Term							\$79,200

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

## 6F. Supportive Services Budget

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		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	Estimating \$660 security deposit for 10 households	\$6,610
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits	Estimating \$180 utility deposit per household for 10 households	\$1,800
17. Operating Costs		
Total Annual Assistance Requested		\$8,410
Grant Term		1 Year
Total Request for Grant Term		\$8,410

Click the 'Save' button to automatically calculate totals.

## 6l. 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:	\$24,839
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$24,839

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Valley CSB	08/15/2019	\$24,839

## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** Valley CSB  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/15/2019
- 6. Value of Written Commitment:** \$24,839

## 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	\$79,200	1 Year	\$79,200
4. Supportive Services	\$8,410	1 Year	\$8,410
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$87,610
8. Admin (Up to 10%)			\$8,761
9. Total Assistance Plus Admin Requested			\$96,371
10. Cash Match			\$24,839
11. In-Kind Match			\$0
12. Total Match			\$24,839
13. Total Budget			\$121,210

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

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

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 7D. Certification

### **A. For all projects:**

#### **Fair Housing and Equal Opportunity**

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

**Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.**

**Name of Authorized Certifying Official:** David Deering

**Date:** 09/15/2019

**Title:** Executive Director

**Applicant Organization:** Valley Community Services Board

**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).**

☐

**Active SAM Status Requirement.**  
**I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

☒

## 8B. Submission Summary

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

Page		Last Updated
1A. SF-424 Application Type		No Input Required
1B. SF-424 Legal Applicant		No Input Required
New Project Application FY2019		Page 47
		10/02/2019

<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/22/2019
<b>1E. SF-424 Compliance</b>	08/04/2019
<b>1F. SF-424 Declaration</b>	08/04/2019
<b>1G. HUD 2880</b>	08/04/2019
<b>1H. HUD 50070</b>	08/04/2019
<b>1I. Cert. Lobbying</b>	08/04/2019
<b>1J. SF-LLL</b>	08/04/2019
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	08/23/2019
<b>3A. Project Detail</b>	08/04/2019
<b>3B. Description</b>	09/15/2019
<b>3C. Expansion</b>	08/04/2019
<b>4A. Services</b>	09/15/2019
<b>4B. Housing Type</b>	08/14/2019
<b>5A. Households</b>	08/14/2019
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	08/22/2019
<b>6E. Rental Assistance</b>	08/14/2019
<b>6F. Supp Srvcs Budget</b>	08/14/2019
<b>6I. Match</b>	08/22/2019
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7D. Certification</b>	08/23/2019